

345
EXHIBIT A

AFFIDAVIT

True Copy of Policy

STATE OF WISCONSIN)
)

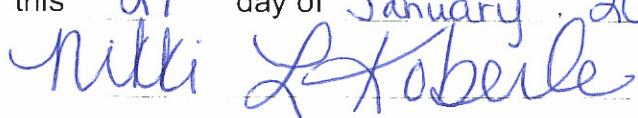
SHEBOYGAN COUNTY)

Joe Skalmoski, General Manager - Commercial Underwriting of Acuity, A Mutual Insurance Company, being familiar with the forms used by the company in its regular course of business and being its custodian of underwriting records and files, certifies that he has checked the records for policy number ZD8863 issued to Jvanwinkle Trucking, LLC and covering Commercial Automobile during the policy term from 09/16/2020 to 09/16/2021.

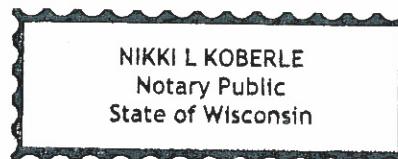
THAT said policy according to the records was subject to the Coverages and Limits, Insuring Agreements, Conditions, Exclusions, and applicable Endorsements as attached.


Joe Skalmoski

Subscribed and sworn to before me
this 27 day of January, 2023



Notary Public, State of Wisconsin
My Commission:





COMMERCIAL AUTO COVERAGE PART

Acuity Edge Business Auto Renewal Declarations

Item One

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 09-16-20

Expiration Date: 09-16-21

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those *autos* shown as covered *autos* by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7, 19	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]

Estimated Schedule Premium [REDACTED]

PREMIUM SUMMARY

Estimated Schedule Premium [REDACTED]

Estimated Endorsement Premium [REDACTED]

Estimated Advance Premium [REDACTED]

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CA-0001F(8-19)	Business Auto Coverage Form	
CA-0165F(7-16)	Missouri Changes	
CA-0166R(3-06)	Missouri Changes - Pollution Exclusion	
CA-0219F(1-16)	Missouri Changes - Cancellation and Nonrenewal	
CA-2104F(10-12)	Missouri Uninsured Motorists Coverage	
CA-2151F(10-13)	Split Bodily Injury Underinsured Motorists Coverage Limits	
CA-2156F(4-01)	Missouri Split Uninsured Motorists Coverage Limits	
CA-2345F(11-16)	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion	
CA-2384F(10-13)	Exclusion of Terrorism	
CA-3104F(8-18)	Missouri Underinsured Motorists Coverage	
CA-7015(8-17)	Form F Uniform Motor Carrier Bodily Injury and Property Damage Liability End.	
CA-7016(7-97)	Covered Auto Symbols Endorsement - Truckers	
CA-7027(12-93)	Loss Payable Clause	
CA-7100(8-17)	End. for Motor Carrier Policies of Insurance for Public Liability Form MCS-90	
CA-7210(10-98)	Additional Insured - Designated Person or Organization - Primary	
CA-7213(10-98)	Add'l Insd - Automatic Status When Required in a Written Agreement With You	
CA-7260(11-15)	Truckers' Enhancements	
CA-7274(8-19)	Motor Carrier Endorsement	
CA-9928F(10-13)	Stated Amount Insurance	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(3-14)	Asbestos Exclusion	

Estimated Endorsement Premium**Item Three: SCHEDULE OF COVERAGES AND PREMIUM DETAIL**

Unit 0001	2001 PETERBILT 379	Class: 50621
VIN: 1XP5DB9X61N537321		State: MO Zip: 65588
Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	
Uninsured Motorists Bodily Injury	\$50,000 each person \$50,000 each accident	
Underinsured Motorists	\$50,000 each person \$50,000 each accident	
Comprehensive	Actual cash value minus \$1,000 deductible	
Collision	Actual cash value minus \$1,000 deductible	
Total Premium		

Unit 0002 2004 PETERBILT 379
VIN: 1XP5DB9X24N826426

Class: 50621
State: MO Zip: 65588

Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	Actual cash value minus \$1,000 deductible	[REDACTED]
Collision	Actual cash value minus \$1,000 deductible	[REDACTED]
Total Premium		[REDACTED]

Unit 0003 2001 PETERBILT 379
VIN: 1XP5DB9X61D550530

Class: 50621
State: MO Zip: 65588

Unit 0004 2004 PETERBILT 379
VIN: 1XP5DB9XX4D818743

Class: 50691
State: MO Zip: 65588

Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	Actual cash value minus \$1,000 deductible	[REDACTED]
Collision	Actual cash value minus \$1,000 deductible	[REDACTED]
Total Premium		[REDACTED]

Unit 0005 2007 REITNOUER TRAILER
VIN: 1RNF48A297R017010

Class: 67621
State: MO Zip: 65588

Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	[REDACTED]
Comprehensive	Actual cash value minus \$1,000 deductible	[REDACTED]
Collision	Actual cash value minus \$1,000 deductible	[REDACTED]
Total Premium		[REDACTED]

Unit 0006 2007 REITNOUER TRAILER
VIN: 1RNF48A227R018676

Class: 67621
State: MO Zip: 65588

Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	[REDACTED]
Comprehensive	Actual cash value minus \$1,000 deductible	[REDACTED]

Coverage	Limits/Deductible	Premium
Collision	Actual cash value minus \$1,000 deductible	[REDACTED]
Total Premium		[REDACTED]
Unit 0007 2013 REITNOUER TRAILER		Class: 67621
VIN: 1RNF48A28DR028253		State: MO Zip: 65588
Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	[REDACTED]
Comprehensive	Actual cash value minus \$1,000 deductible	[REDACTED]
Collision	Actual cash value minus \$1,000 deductible	[REDACTED]
Total Premium		[REDACTED]
Unit 0008 2013 REITNOUER TRAILER		Class: 67621
VIN: 1RNF48A2XDR028254		State: MO Zip: 65588
Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	[REDACTED]
Comprehensive	Actual cash value minus \$1,000 deductible	[REDACTED]
Collision	Actual cash value minus \$1,000 deductible	[REDACTED]
Total Premium		[REDACTED]
Unit 0009 2014 REITNOUER TRAILER		Class: 67621
VIN: 1RNF48A24ER031393		State: MO Zip: 65588
Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	[REDACTED]
Comprehensive	Actual cash value minus \$1,000 deductible	[REDACTED]
Collision	Actual cash value minus \$1,000 deductible	[REDACTED]
Total Premium		[REDACTED]
Unit 0010 2019 NONOWNED TRAILER		Class: 67691
VIN: NONE1		State: MO Zip: 65588
Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	[REDACTED]
Total Premium		[REDACTED]
Unit 0011 2019 NONOWNED TRAILER		Class: 67691
VIN: NONE2		State: MO Zip: 65588
Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	[REDACTED]
Total Premium		[REDACTED]

Unit 0012 1998 PETERBILT 379
VIN: 1XP5DB9X3WN445039

Class: 50621
State: MO Zip: 65588

Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	Stated amount - \$45,000 minus \$1,000 deductible	[REDACTED]
Collision	Stated amount - \$45,000 minus \$1,000 deductible	[REDACTED]
Total Premium		[REDACTED]

Unit 0013 2020 PITTS ENTERPRISES TRAILER
VIN: 5JYLT4022LPP19762

Class: 67691
State: MO Zip: 65588

Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	[REDACTED]
Comprehensive	Actual cash value minus \$1,000 deductible	[REDACTED]
Collision	Actual cash value minus \$1,000 deductible	[REDACTED]
Total Premium		[REDACTED]

ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

NONE

FIRST NAMED INSURED IS:

LTD LIAB COMPANY (LLC)

BUSINESS AUTO COVERAGE FORM

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BUSINESS AUTO COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we," "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in italics have special meaning. Refer to Section V - Definitions.

SECTION I - COVERED AUTOS

Item Two of the Declarations shows the *autos* that are covered *autos* for each of your coverages. The following numerical symbols describe the *autos* that may be covered *autos*. The symbols entered next to a coverage on the Declarations designate the only *autos* that are covered *autos*.

A. DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS

SYMBOL DESCRIPTION

1 = ANY AUTO.

2 = OWNED AUTOS ONLY. Only those *autos* you own (and for Liability Coverage any *trailers* you do not own while attached to power units you own). This includes those *autos* you acquire ownership of after the policy begins.

3 = OWNED PRIVATE PASSENGER AUTOS ONLY. Only the private passenger *autos* you own. This includes those private passenger *autos* you acquire ownership of after the policy begins.

4 = OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY. Only those *autos* you own that are not of the private passenger type (and for Liability Coverage any *trailers* you do not own while attached to power units you own). This includes those *autos* not of the private passenger type you acquire ownership of after the policy begins.

5 = OWNED AUTOS SUBJECT TO NO-FAULT. Only those *autos* you own that are required to have no-fault benefits in the state where they are licensed or principally garaged. This includes those *autos* you acquire ownership of after the policy begins provided they are required to have no-fault benefits in the state where they are licensed or principally garaged.

6 = OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW. Only those *autos* you own that because of the law in the state where they are licensed or principally garaged, are required to have and cannot reject Uninsured Motorists Coverage. This includes those *autos* you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.

7 = SPECIFICALLY DESCRIBED AUTOS. Only those *autos* described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any *trailers* you do not own while attached to any power unit described in Item Three).

8 = HIRED AUTOS ONLY. Only those *autos* you lease, hire, rent or borrow. This does not include any *auto* you lease, hire, rent or borrow from any of your employees or partners or members of their households.

9 = NONOWNED AUTOS ONLY. Only those *autos* you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes *autos* owned by your employees, partners (if you are a partnership), members (if you are a limited liability company) or members of their households but only while used in your business or your personal affairs.

19 = MOBILE EQUIPMENT SUBJECT TO COMPULSORY OR FINANCIAL RESPONSIBILITY OR OTHER MOTOR VEHICLE INSURANCE LAW ONLY. Only those *autos* that are land vehicles and that would qualify under the definition of *mobile equipment* under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.

B. OWNED AUTOS YOU ACQUIRE AFTER THE POLICY BEGINS

1. If symbols 1, 2, 3, 4, 5, 6 or 19 are entered next to a coverage in Item Two of the Declarations, then you have coverage for *autos* that you acquire of the type described for the remainder of the policy period.
2. But, if symbol 7 is entered next to a coverage in Item Two of the Declarations, an *auto* you acquire will be a covered *auto* for that coverage only if:
 - a. We already cover all *autos* that you own for that coverage or it replaces an *auto* you previously owned that had that coverage; and

SECTION II - LIABILITY COVERAGE

A. COVERAGE

We will pay all sums an *insured* legally must pay as damages because of *bodily injury or property damage* to which this insurance applies, caused by an *accident* and resulting from the ownership, maintenance or use of a covered *auto*.

We will also pay all sums an *insured* legally must pay as a *covered pollution cost or expense* to which this insurance applies, caused by an *accident* and resulting from the ownership, maintenance or use of covered *autos*. However, we will only pay for the *covered pollution cost or expense* if there is either *bodily injury or property damage* to which this insurance applies that is caused by the same *accident*.

We have the right and duty to defend any *insured* against a *suit* asking for such damages or a *covered pollution cost or expense*. However, we have no duty to defend any *insured* against a *suit* seeking damages for *bodily injury or property damage* or a *covered pollution cost or expense* to which this insurance does not apply. We may investigate and settle any claim or *suit* as we consider appropriate. Our duty to defend or settle ends when the Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

- b. You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

C. CERTAIN TRAILERS, MOBILE EQUIPMENT AND TEMPORARY SUBSTITUTE AUTOS

If Liability Coverage is provided by this coverage form, the following types of vehicles are also covered *autos* for Liability Coverage:

1. *Trailers* with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.
2. *Mobile equipment* while being carried or towed by a covered *auto*.
3. Any *auto* you do not own while used with the permission of its owner as a temporary substitute for a covered *auto* you own that is out of service because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. Loss; or
 - e. Destruction.

1. Who Is an Insured

The following are *insureds*:

- a. You for any covered *auto*.
- b. Anyone else while using with your permission a covered *auto* you own, hire or borrow except:
 - (1) The owner or anyone else from whom you hire or borrow a covered *auto*. This exception does not apply if the covered *auto* is a *trailer* connected to a covered *auto* you own.
 - (2) Your *employee* if the covered *auto* is owned by that *employee* or a member of his or her household.
 - (3) Someone using a covered *auto* while he or she is working in a business of selling, servicing, repairing, parking or storing *autos* unless that business is yours.
 - (4) Anyone other than your *employees*, partners (if you are a partnership), members (if you are a limited liability company) or a lessee or borrower or any of their *employees*, while moving property to or from a covered *auto*.

(5) A partner (if you are a partnership) or a member (if you are a limited liability company) for a covered *auto* owned by him or her or a member of his or her household.

c. Anyone liable for the conduct of an *insured* described above but only to the extent of that liability.

2. Coverage Extensions

a. Supplementary Payments

We will pay for the *insured*:

(1) All expenses we incur.

(2) Up to \$2,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an *accident* we cover. We do not have to furnish these bonds.

(3) The cost of bonds to release attachments in any *suit* against the *insured* we defend, but only for bond amounts within our Limit of Insurance.

(4) All reasonable expenses incurred by the *insured* at our request, including actual loss of earnings up to \$250 a day because of time off from work.

(5) All court costs taxed against the *insured* in any *suit* against the *insured* we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the *insured*.

(6) All interest on the full amount of any judgment that accrues after entry of the judgment in any *suit* against the *insured* we defend; but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the Limit of Insurance.

b. Out of State Coverage Extensions

While a covered *auto* is away from the state where it is licensed we will:

(1) Increase the Limit of Insurance for Liability Coverage to meet the limit or limits specified by a compulsory or financial responsibility law in the jurisdiction where the covered *auto* is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.

(2) Provide the minimum amounts and types of other coverages, such as no-fault, required of out of state vehicles by the jurisdiction where the covered *auto* is being used.

We will not pay anyone more than once for the same elements of *loss* because of these extensions.

B. EXCLUSIONS

This insurance does not apply to any of the following:

1. Expected or Intended Injury

Bodily injury or property damage expected or intended from the standpoint of the *insured*.

2. Contractual

Liability assumed under any contract or agreement. But this exclusion does not apply to liability for damages:

a. Assumed in a contract or agreement that is an *insured contract*, provided the *bodily injury or property damage* occurs subsequent to the execution of the contract or agreement; or

b. That the *insured* would have in the absence of the contract or agreement.

3. Workers' Compensation

Any obligation for which the *insured* or the *insured's* insurer may be held liable under any workers' compensation law, disability benefits law or unemployment compensation law or any similar law.

4. Employee Indemnification and Employer's Liability

Bodily injury to:

a. An *employee* of the *insured* arising out of and in the course of:

(1) Employment by the *insured*; or

(2) Performing duties related to the conduct of the *insured's* business; or

b. The spouse, child, parent, brother or sister of that *employee* as a consequence of paragraph a above.

This exclusion applies:

a. Whether the *insured* may be liable as an employer or in any other capacity; and

b. To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to *bodily injury* to domestic *employees* not entitled to workers' compensation benefits or to liability assumed by the *insured* under an *insured contract*. For the purposes of the coverage form, a domestic *employee* is a person engaged in household or domestic work performed principally in connection with a residence premises.

5. Fellow Employee

Bodily injury to:

- a. Any fellow *employee* of the *insured* arising out of and in the course of the fellow *employee*'s employment or while performing duties related to the conduct of your business; or
- b. The spouse, child, parent, brother or sister of that fellow *employee* as a consequence of paragraph a above.

6. Care, Custody or Control

Property damage to or *covered pollution cost or expense* involving property owned or transported by the *insured* or in the *insured's* care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

7. Handling of Property

Bodily injury or property damage resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the *insured* for movement into or onto the covered *auto*; or
- b. After it is moved from the covered *auto* to the place where it is finally delivered by the *insured*.

8. Movement of Property by Mechanical Device

Bodily injury or property damage resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered *auto*.

9. Operations

Bodily injury or property damage arising out of the operation of:

- a. Any equipment listed in paragraphs 6b and 6c of the definition of *mobile equipment*; or

- b. Machinery or equipment that is on, attached to, or part of, a land vehicle that would qualify under the definition of *mobile equipment* if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

10. Completed Operations

Bodily injury or property damage arising out of your work after that work has been completed or abandoned.

In this exclusion, your work means:

- a. Work or operations performed by you or on your behalf; and
- b. Materials, parts or equipment furnished in connection with such work or operations.

Your work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in paragraphs a or b above.

Your work will be deemed completed at the earliest of the following times:

- a. When all of the work called for in your contract has been completed;
- b. When all of the work to be done at the site has been completed if your contract calls for work at more than one site; or
- c. When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

11. Pollution

Bodily injury or property damage arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of *pollutants*:

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled, or handled for movement into, onto or from, the covered *auto*;
 - (2) Otherwise in the course of transit by or on behalf of the *insured*; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered *auto*.

- b. Before the *pollutants* or any property in which the *pollutants* are contained are moved from the place where they are accepted by the *insured* for movement into or onto the covered *auto*; or
- c. After the *pollutants* or any property in which the *pollutants* are contained are moved from the covered *auto* to the place where they are finally delivered, disposed of or abandoned by the *insured*.

Paragraph a above does not apply to fuels, lubricants, fluids, exhaust gases or other similar *pollutants* that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered *auto* or its parts, if:

- (1) The *pollutants* escape, seep, migrate, or are discharged, dispersed or released directly from an *auto* part designed by its manufacturer to hold, store, receive or dispose of such *pollutants*; and
- (2) The *body injury, property damage or covered pollution cost or expense* does not arise out of the operation of any equipment listed in paragraphs 6b and 6c of the definition of *mobile equipment*.

Paragraphs b and c above of this exclusion do not apply to *accidents* that occur away from premises owned by or rented to an *insured* with respect to *pollutants* not in or upon a covered *auto* if:

- (1) The *pollutants* or any property in which the *pollutants* are contained are upset, overturned or damaged as a result of the maintenance or use of a covered *auto*; and
- (2) The discharge, dispersal, seepage, migration, release or escape of the *pollutants* is caused directly by such upset, overturn or damage.

12. War

Bodily injury or property damage arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

13. Racing

Covered *autos* while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered *auto* is being prepared for such a contest or activity.

C. LIMIT OF INSURANCE

Regardless of the number of covered *autos*, *insureds*, premiums paid, claims made or vehicles involved in the *accident*, the most we will pay for the total of all damages and *covered pollution cost or expense* combined resulting from any one *accident* is the Limit of Insurance for Liability Coverage shown in the Declarations.

All *body injury, property damage and covered pollution cost or expense* resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one *accident*.

No one will be entitled to receive duplicate payments for the same elements of *loss* under this coverage form and any Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

SECTION III - PHYSICAL DAMAGE COVERAGE

A. COVERAGE

1. We will pay for *loss* to a covered *auto* or its equipment under:
 - a. Comprehensive Coverage
From any cause except:
 - (1) The covered *auto*'s collision with another object; or
 - (2) The covered *auto*'s overturn.

b. Specified Causes of Loss Coverage

Caused by:

- (1) Fire, lightning or explosion;
- (2) Theft;
- (3) Windstorm, hail or earthquake;
- (4) Flood;
- (5) Mischief or vandalism; or

(6) The sinking, burning, collision or derailment of any conveyance transporting the covered *auto*.

c. Collision Coverage

Caused by:

- (1) The covered *auto*'s collision with another object; or
- (2) The covered *auto*'s overturn.

2. Towing

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered *auto* of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

3. Glass Breakage - Hitting a Bird or Animal - Falling Objects or Missiles

If you carry Comprehensive Coverage for the damaged covered *auto*, we will pay for the following under Comprehensive Coverage:

- a. Glass breakage;
- b. Loss caused by hitting a bird or animal; and
- c. Loss caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered *auto*'s collision or overturn considered a *loss* under Collision Coverage.

4. Coverage Extensions

a. Transportation Expenses

We will also pay up to \$20 per day to a maximum of \$600 for temporary transportation expense incurred by you because of the total theft of a covered *auto* of the private passenger type. We will pay only for those covered *autos* for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered *auto* is returned to use or we pay for its *loss*.

b. Loss of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an *insured* becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicate that Comprehensive Coverage is provided for any covered *auto*;
- (2) Specified Causes of Loss only if the Declarations indicate that Specified Causes of Loss Coverage is provided for any covered *auto*; or
- (3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered *auto*.

However, the most we will pay for any expenses for loss of use is \$20 per day, to a maximum of \$600.

B. EXCLUSIONS

1. We will not pay for *loss* caused by or resulting from any of the following. Such *loss* is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the *loss*.

a. Nuclear Hazard

- (1) The explosion of any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

b. War or Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

2. We will not pay for *loss* to any covered *auto* while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for *loss* to any covered *auto* while that covered *auto* is being prepared for such a contest or activity.

3. We will not pay for *loss* due and confined to:
 - a. Wear and tear, freezing, mechanical or electrical breakdown.
 - b. Blowouts, punctures or other road damage to tires.
- This exclusion does not apply to such *loss* resulting from the total theft of a covered *auto*.
4. We will not pay for *loss* to any of the following:
 - a. Tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.
 - b. Any device designed or used to detect speed-measuring equipment, such as radar or laser detectors, and any jamming apparatus intended to elude or disrupt speed-measuring equipment.
 - c. Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.
 - d. Any accessories used with the electronic equipment described in paragraph c above.
5. Exclusions 4c and 4d do not apply to equipment designed to be operated solely by use of the power from the *auto's* electrical system that, at the time of *loss*, is:
 - a. Permanently installed in or upon the covered *auto*;
 - b. Removable from a housing unit which is permanently installed in or upon the covered *auto*;
 - c. An integral part of the same unit housing any electronic equipment described in paragraphs a and b above; or
 - d. Necessary for the normal operation of the covered *auto* or the monitoring of the covered *auto's* operating system.

SECTION IV - BUSINESS AUTO CONDITIONS

The following conditions apply in addition to the Common Policy Conditions:

A. LOSS CONDITIONS

1. Appraisal for Physical Damage Loss

6. We will not pay for *loss* to a covered *auto* due to *diminution in value*.

C. LIMIT OF INSURANCE

1. The most we will pay for *loss* to any one covered *auto* is the lesser of:
 - a. The actual cash value of the damaged or stolen property as of the time of the *loss*; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
2. The most we will pay for all electronic equipment that reproduces, receives or transmits audio, visual or data signals in any one *loss* is \$1,000, if, at the time of *loss*, such electronic equipment is:
 - a. Permanently installed in or upon the covered *auto* in a housing, opening or other location that is not normally used by the *auto* manufacturer for the installation of such equipment;
 - b. Removable from a permanently installed housing unit as described in paragraph 2a above; or
 - c. An integral part of such equipment as described in paragraphs 2a and 2b above.
3. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total *loss*.
4. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

D. DEDUCTIBLE

For each covered *auto*, our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to *loss* caused by fire or lightning.

If you and we disagree on the amount of *loss*, either may demand an appraisal of the *loss*. In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of *loss*. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and

b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

2. Duties in the Event of Accident, Claim, Suit or Loss

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

a. In the event of *accident*, claim, *suit* or *loss*, you must give us or our authorized representative prompt notice of the *accident* or *loss*. Include:

- (1) How, when and where the *accident* or *loss* occurred;
- (2) The *insured's* name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

b. Additionally, you and any other involved *insured* must:

- (1) Assume no obligation, make no payment or incur no expense without our consent, except at the *insured's* own cost.
- (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or *suit*.
- (3) Cooperate with us in the investigation or settlement of the claim or defense against the *suit*.
- (4) Authorize us to obtain medical records or other pertinent information.
- (5) Submit to examination, at our expense, by physicians of our choice, as often as we reasonably require.

c. If there is *loss* to a covered *auto* or its equipment, you must also do the following:

- (1) Promptly notify the police if the covered *auto* or any of its equipment is stolen.
- (2) Take all reasonable steps to protect the covered *auto* from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.
- (3) Permit us to inspect the covered *auto* and records proving the *loss* before its repair or disposition.
- (4) Agree to examinations under oath at our request and give us a signed statement of your answers.

3. Legal Action Against Us

No one may bring a legal action against us under this coverage form until:

- a. There has been full compliance with all the terms of this coverage form; and
- b. Under Liability coverage, we agree in writing that the *insured* has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the *insured's* liability.

4. Loss Payment - Physical Damage Coverages

At our option, we may:

- a. Pay for, repair or replace damaged or stolen property;
- b. Return the stolen property at our expense. We will pay for any damage that results to the *auto* from the theft; or
- c. Take all or any part of the damaged or stolen property at an agreed or appraised value.

If we pay for the *loss*, our payment will include the applicable sales tax for the damaged or stolen property.

5. Transfer of Rights of Recovery Against Others to Us

If any person or organization to or for whom we make payment under this coverage form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after *accident* or *loss* to impair them.

B. GENERAL CONDITIONS

1. Bankruptcy

Bankruptcy or insolvency of the *insured* or the *insured's* estate will not relieve us of any obligations under this coverage form.

2. Concealment, Misrepresentation or Fraud

This coverage form is void in any case of fraud by you at any time as it relates to this coverage form. It is also void if you or any other *insured*, at any time, intentionally conceals or misrepresents a material fact concerning:

- a. This coverage form;
- b. The covered *auto*;
- c. Your interest in the covered *auto*; or
- d. A claim under this coverage form.

3. Liberalization

If we revise this coverage form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

4. No Benefit to Bailee - Physical Damage Coverages

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this coverage form.

5. Other Insurance

a. For any covered *auto* you own, this coverage form provides primary insurance. For any covered *auto* you do not own, the insurance provided by this coverage form is excess over any other collectible insurance. However, while a covered *auto* which is a *trailer* is connected to another vehicle, the Liability Coverage this coverage form provides for the *trailer* is:

- (1) Excess while it is connected to a motor vehicle you do not own; or
- (2) Primary while it is connected to a covered *auto* you own.

b. For Hired Auto Physical Damage Coverage, any covered *auto* you lease, hire, rent or borrow is deemed to be a covered *auto* you own. However, any *auto* that is leased, hired, rented or borrowed with a driver is not a covered *auto*.

c. Regardless of the provisions of paragraph a above, this coverage form's Liability Coverage is primary for any liability assumed under an *insured contract*.

d. When this coverage form and any other coverage form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our coverage form bears to the total of the limits of all the coverage forms and policies covering on the same basis.

6. Premium Audit

a. The estimated premium for this coverage form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the First Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the First Named Insured will get a refund.

b. If this policy is issued for more than one year, the premium for this coverage form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

7. Policy Period, Coverage Territory

a. Under this coverage form, we cover *accidents* and *losses* occurring:

- (1) During the policy period shown in the Declarations; and
- (2) Within the coverage territory.

b. The coverage territory is:

- (1) The United States of America;
- (2) The territories and possessions of the United States of America;
- (3) Puerto Rico;
- (4) Canada; and
- (5) Anywhere in the world if a covered *auto* of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 30 days or less,

provided that the *insured's* responsibility to pay damages is determined in a *suit* on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico, or Canada or in a settlement we agree to.

c. We also cover *loss* to, or *accidents* involving, a covered *auto* while being transported between any of these places.

8. Two or More Coverage Forms or Policies Issued by Us

If this coverage form and any other coverage form or policy issued to you by us or any company affiliated with us applies to the same *accident*, the aggregate maximum Limit of Insurance under all the coverage forms or policies shall not exceed the highest applicable Limit of Insurance under any one coverage form or policy. This condition does not apply to any coverage form or policy issued by us or an affiliated company specifically to apply as excess insurance over this coverage form.

SECTION V - DEFINITIONS

A. "*Accident*" includes continuous or repeated exposure to the same conditions resulting in *bodily injury or property damage*.

B. "*Auto*" means:

1. A land motor vehicle, *trailer* or semitrailer designed for travel on public roads; or
2. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, *auto* does not include *mobile equipment*.

C. "*Bodily injury*" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these.

D. "*Covered pollution cost or expense*" means any cost or expense arising out of:

1. Any request, demand, order or statutory or regulatory requirement that any *insured* or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of *pollutants*; or
2. Any claim or *suit* by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to or assessing the effects of *pollutants*.

Covered pollution cost or expense does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of *pollutants*:

a. That are, or that are contained in any property that is:

- (1) Being transported or towed by, handled, or handled for movement into, onto or from the covered *auto*;

(2) Otherwise in the course of transit by or on behalf of the *insured*; or

(3) Being stored, disposed of, treated or processed in or upon the covered *auto*;

b. Before the *pollutants* or any property in which the *pollutants* are contained are moved from the place where they are accepted by the *insured* for movement into or onto the covered *auto*; or

c. After the *pollutants* or any property in which the *pollutants* are contained are moved from the covered *auto* to the place where they finally are delivered, disposed of or abandoned by the *insured*.

Paragraph a above does not apply to fuels, lubricants, fluids, exhaust gases or other similar *pollutants* that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered *auto* or its parts, if:

(1) The *pollutants* escape, seep, migrate, or are discharged, dispersed or released directly from an *auto* part designed by its manufacturer to hold, store, receive or dispose of such *pollutants*; and

(2) The *bodily injury, property damage or covered pollution cost or expense* does not arise out of the operation of any equipment listed in paragraphs 6b or 6c of the definition of *mobile equipment*.

Paragraphs b and c above do not apply to *accidents* that occur away from premises owned by or rented to an *insured* with respect to *pollutants* not in or upon a covered *auto* if:

(1) The *pollutants* or any property in which the *pollutants* are contained are upset, overturned or damaged as a result of the maintenance or use of a covered *auto*; and

(2) The discharge, dispersal, seepage, migration, release or escape of the *pollutants* is caused directly by such upset, overturn or damage.

- E. "*Diminution in value*" means the actual or perceived loss in market value or resale value which results from a direct or accidental *loss*.
- F. "*Employee*" includes a *leased worker*. *Employee* does not include a *temporary worker*.
- G. "*Insured*" means any person or organization qualifying as an *insured* in the Who Is an Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each *insured* who is seeking coverage or against whom a claim or *suit* is brought.
- H. "*Insured contract*" means:
 - 1. A lease of premises;
 - 2. A sidetrack agreement;
 - 3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
 - 4. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
 - 5. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for *bodily injury* or *property damage* to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement; or
 - 6. That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your *employees*, of any *auto*. However, such contract or agreement shall not be considered an *insured contract* to the extent that it obligates you or any of your *employees* to pay for *property damage* to any *auto* rented or leased by you or any of your *employees*.
- I. "*Leased worker*" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm to perform duties related to the conduct of your business. *Leased worker* does not include a *temporary worker*.
- J. "*Loss*" means direct and accidental loss or damage.
- K. "*Mobile equipment*" means any of the following types of land vehicles, including any attached machinery or equipment:
 - 1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
 - 2. Vehicles maintained for use solely on or next to premises you own or rent;
 - 3. Vehicles that travel on crawler-treads;
 - 4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - a. Power cranes, shovels, loaders, diggers or drills; or
 - b. Road construction or resurfacing equipment such as graders, scrapers or rollers;
 - 5. Vehicles not described in paragraph 1, 2, 3 or 4 above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well-servicing equipment; or
 - b. Cherry pickers and similar devices used to raise or lower workers; or
 - 6. Vehicles not described in paragraph 1, 2, 3 or 4 above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not *mobile equipment* but will be considered *autos*:
 - a. Equipment designed primarily for:
 - (1) Snow removal;
 - (2) Road maintenance, but not construction or resurfacing; or
 - (3) Street cleaning.

- b. Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
- c. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well-servicing equipment.

However, *mobile equipment* does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered *autos*.

- L. "*Pollutants*" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalies, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- M. "*Property damage*" means damage to or loss of use of tangible property.

N. "*Suit*" means a civil proceeding in which:

- 1. Damages because of *bodily injury* or *property damage*; or
- 2. A *covered pollution cost or expense*; to which this insurance applies are alleged.

Suit includes:

- 1. An arbitration proceeding in which such damages or *covered pollution costs or expenses* are claimed and to which the *insured* must submit or does submit with our consent; or
- 2. Any other alternative dispute resolution proceeding in which such damages or *covered pollution costs or expenses* are claimed and to which the *insured* submits with our consent.

O. "*Temporary worker*" means a person who is furnished to you to substitute for a permanent employee on leave or to meet seasonal or short-term workload conditions.

P. "*Trailer*" includes semitrailer.

MISSOURI CHANGES

CA-0165F(7-16)

For a covered *auto* licensed or principally garaged in, or *garage operations* conducted in, Missouri, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. The following is added to Supplementary Payments:

Prejudgment interest awarded against the *insured* on the part of the judgment we pay. If we make an offer to pay the applicable Limit of Insurance, we will not pay any prejudgment interest based on that period of time after the offer.

B. Changes In Liability Coverage

1. Paragraph a(2)(d) of the Who Is An Insured Provision in Section II - Liability Coverage in the Garage Coverage Form is replaced by the following:

(d) Your customers. However, those customers are *insureds* up to the compulsory or financial responsibility law limits where the covered *auto* is principally garaged.

2. Paragraph a(2) of the Who Is An Insured Provision in Section II - Liability Coverage in the Garage Coverage Form is changed by adding the following:

(f) If you are an individual, any member of your household, other than your spouse, who is related to you by blood or adoption, including a ward or foster child, who owns an *auto*.

3. Paragraph A1b of the Who Is An Insured Provision in Section II - Liability Coverage in the Business Auto Coverage Form and Motor Carrier Coverage Form is changed by adding the following:

(6) If you are an individual, any member of your household, other than your spouse, who is related to you by blood or adoption, including a ward or foster child, who owns an *auto*.

4. If your business is other than selling, repairing or servicing *autos*, the Care, Custody Or Control Exclusion does not apply to *property damage* to or *covered pollution cost or expense* involving an *auto* loaned to you, with or without consideration, by a person engaged in the business of selling, repairing or servicing *autos* as a temporary substitute for an *auto* you own.

C. Changes In Conditions

1. The Appraisal For Physical Damage Loss, Loss Condition is replaced by the following:

If you and we disagree on the amount of loss, both parties may agree to an appraisal of the loss and to be bound by the results of that appraisal. If both parties so agree, then each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- Pay its chosen appraiser; and
- Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

2. The following is added to the Concealment, Misrepresentation and Fraud Condition:

With respect to Liability Coverage, this Condition only applies in excess of the minimum limits of liability required by the Missouri Financial Responsibility Laws.

3. The following is added to the Other Insurance Condition in the Business Auto and Garage Coverage Forms and the Other Insurance - Primary And Excess Insurance Provisions in the Motor Carrier Coverage Form:

Liability Coverage is primary for any temporary substitute for an *auto* you own if the substitute *auto* is operated by an insured and is loaned to you, with or without consideration, by a person engaged in the business of selling, repairing or servicing *autos*.

4. If your business is selling, repairing or servicing autos, the following is added to the Other Insurance Condition in the Business Auto and Garage Coverage Forms and the Other Insurance - Primary And Excess Insurance Provisions in the Motor Carrier Coverage Form:

Liability Coverage is excess for any auto you own if operated by a customer to whom you have loaned the auto, with or without consideration, as a temporary substitute for an auto owned by the customer.

D. The following provision is added:

Missouri Property and Casualty Insurance Guaranty Association Coverage Limitations

1. Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (to be referred to as the Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (to be referred to as the Association), the Association will pay claims covered under the Act if we become insolvent.

2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitations apply subject to all other provisions of the Act:

a. Claims covered by the Association do not include a claim by or against an *insured* of an insolvent insurer, if the *insured* has a net worth of more than \$25 million on the later of the end of the *insured*'s most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes insolvent; provided that an *insured*'s net worth on such date shall be deemed to include the aggregate net worth of the *insured* and all of its affiliates as calculated on a consolidated basis.

b. Payments made by the Association for covered claims will include only that amount of each claim which is less than \$300,000.

However, the Association will not:

(1) Pay an amount in excess of the applicable Limit of Insurance of the policy from which a claim arises; or

(2) Return to an *insured* any unearned premium in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this policy.

MISSOURI CHANGES - POLLUTION EXCLUSION

CA-0166R(3-06)

For a covered auto licensed or principally garaged in, or *garage operations* conducted in Missouri, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE COVERAGE FORM

MOTOR CARRIER COVERAGE FORM

TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

A. The following is added to the Pollution Exclusion in Section II - Liability Coverage in the Business Auto, Motor Carrier and Truckers Coverage Forms and to the Pollution Exclusion Applicable To *Garage Operations* - Covered Autos in the Garage Coverage Form:

This Pollution Exclusion applies even if such irritant or contaminant has a function in your business, operations, premises, site or location.

B. The following is added to the Pollution Exclusion Applicable To *Garage Operations* - Other Than Covered Autos in Section II - Liability Coverage in the Garage Coverage Form or to any amendment to or replacement thereof:

This Pollution Exclusion applies even if such

irritant or contaminant has a function in your business, operations, premises, site or location.

C. If the Broadened Coverage - Garages or Broadened Coverage - Garages - Split Limits of Insurance endorsement is attached to a Garage Coverage Form, then Exclusion 2a(15) in the Broadened Coverage - Garages or Broadened Coverage - Garages - Split Limits of Insurance endorsement is revised by the addition of the following:

This Pollution Exclusion applies even if such irritant or contaminant has a function in your business, operations, premises, site or location.

D. If the Personal Injury Liability Coverage - Garages or Personal Injury Liability Coverage - Garages - Split Limits of Insurance endorsement is attached to a Garage Coverage Form, then exclusion 2a(8) in the Personal Injury Liability Coverage - Garages or Personal Injury Liability Coverage - Garages - Split Limits of Insurance endorsement is revised by the addition of the following:

This Pollution Exclusion applies even if such irritant or contaminant has a function in your business, operations, premises, site or location.

MISSOURI CHANGES - CANCELLATION AND NONRENEWAL

CA-0219F(1-16)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. If you are an individual, partnership or limited liability company and a covered *auto* you own is of the *private passenger type*, and this policy covers fewer than five *autos* and does not insure the motor vehicle hazard of garages, motor vehicle sales agencies, repair shops, service stations or public parking places, the Cancellation Common Policy Condition does not apply to that *auto*. The following Condition applies instead:

ENDING THIS POLICY

1. Cancellation

- a. You may cancel the policy by returning it to us or by giving us advance notice of the date cancellation is to take effect.
- b. If this policy has been in effect for 60 days or less and is not a renewal or continuation policy, we may cancel for any reason. If we cancel, we will mail you at least 10 days notice.
- c. When this policy has been in effect for more than 60 days or is a renewal or continuation policy, we may cancel only for one or more of the following reasons:
 - (1) Nonpayment of premium. If we cancel for this reason, we will mail you at least 10 days notice.
 - (2) If you are an individual, partnership or limited liability company and your driver's license has been suspended or revoked during the policy period. If we cancel for this reason, we will mail you at least 60 days notice. However, we may not cancel if you are more than one person, but only one person's license has been suspended or revoked. Instead we may exclude coverage for that person while operating a covered *auto* during a period of suspension or revocation.
 - (3) If you are an individual, we replace this policy with another one providing similar coverages and the same limits for the covered *auto*. The replacement policy will take effect

when this policy is cancelled, and will end a year after this policy begins or on this policy's expiration date, whichever is earlier.

- d. If this policy is cancelled, you may be entitled to a premium refund. If so, we will send you the refund. However, making or offering to make the refund is not a condition of cancellation. The following provisions govern calculation of return premium:
 - (1) We will compute return premium pro rata and round to the next higher whole dollar when this policy is:
 - (a) Cancelled by us or at our request;
 - (b) Cancelled because you no longer have a financial or insurable interest in the property or business operation that is the subject of this insurance;
 - (c) Cancelled but rewritten with us or in our company group; or
 - (d) Cancelled after the first year, if it is a prepaid policy written for a term of more than one year.
 - (2) When this policy is cancelled at the request of the First Named Insured (except when paragraph (1)(b), (1)(c) or (1)(d) applies), we will return 90% of the pro rata unearned premium, rounded to the next higher whole dollar. However, when such cancellation takes place during the first year of a multiyear prepaid policy, we will return the full annual premium for the subsequent years.
 - (3) When this policy is cancelled at your request and is an auto dealer's policy written on a reporting form basis, we will calculate the return or additional premium as follows:
 - (a) Final annual premium will be determined on the basis of the average value reported during the period on which the policy was in effect.
 - (b) Pro rata earned premium will be determined based on the final annual premium for the number of days the policy was in force as determined by paragraph (3)(a) rounded to the next whole dollar.

- (c) Pro rata unearned premium will be determined by subtracting paragraph (3)(b) from paragraph (3)(a).
- (d) The short rate surcharge will be determined by multiplying the unearned premium by 10% and rounding to the next higher whole dollar.
- (e) Calculate the short rate earned premium by adding paragraphs (3)(b) and (3)(d).
- (f) If the short rate earned premium is less than the sum of all payments (including any deposit premium), the difference is the return premium.
- (g) If the short rate earned premium is greater than the sum of all payments (including any deposit premium), the difference is the additional premium due.
- e. The effective date of cancellation stated in the notice shall become the end of the policy period.
- f. Our notice of cancellation will state the actual reason for cancellation unless the cancellation is due to nonpayment of premium.

2. Nonrenewal

- a. If we decide not to renew or continue this policy, we will mail you notice at least 60 days before the end of the policy period. If the policy period is other than one year, we will have the right not to renew or continue it only at the anniversary of its original effective date. If we offer to renew or continue and you do not accept, this policy will terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due shall mean that you have not accepted our offer.
- b. If we fail to mail proper notice of nonrenewal and you obtain other insurance, the coverages provided by this policy will end on the effective date of any similar coverages provided by the other insurance.
- c. Our notice of nonrenewal will state the actual reason for nonrenewal unless the nonrenewal is due to nonpayment of premium.

3. Mailing Of Notices

Any notice of cancellation or nonrenewal will be mailed by United States Postal Ser-

vice certificate of mailing, first-class mail using Intelligent Mail barcode (IMb), or another mail tracking method used, approved, or accepted by the United States Postal Service to your last known mailing address. Proof of mailing of any notice will be sufficient proof of notice.

B. For autos not described in paragraph A above:

- 1. Paragraph 2 of the Cancellation Common Policy Condition is replaced by the following:

We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation, stating the actual reason for cancellation, at least:

 - a. Ten days before the effective date of cancellation if we cancel for nonpayment of premium;
 - b. Thirty days before the effective date of cancellation if cancellation is for one or more of the following reasons:
 - (1) Fraud or material misrepresentation affecting this policy or a claim filed under this policy or a violation of any of the terms or conditions of this policy;
 - (2) Changes in conditions after the effective date of this policy which have materially increased the risk assumed;
 - (3) We become insolvent; or,
 - (4) We involuntarily lose reinsurance for this policy.
 - c. Sixty days before the effective date of cancellation if we cancel for any other reason.
- 2. Paragraph 5 of the Cancellation Common Policy Condition is replaced by the following:
 - 5. If this policy is cancelled, we will send the First Named Insured any premium refund due. The cancellation will be effective even if we have not made or offered a refund. The following provisions govern calculation of return premium:
 - a. We will compute return premium pro rata and round to the next higher whole dollar when this policy is:
 - (1) Cancelled by us or at our request;
 - (2) Cancelled because you no longer have a financial or insurable interest in the property or business operation that is the subject of this insurance;
 - (3) Cancelled but rewritten with us or in our company group; or

- (4) Cancelled after the first year, if it is a prepaid policy written for a term of more than one year.
- b. When this policy is cancelled at the request of the First Named Insured (except when paragraph a(2), a(3) or a(4) applies), we will return 90% of the pro rata unearned premium, rounded to the next higher whole dollar. However, when such cancellation takes place during the first year of a multiyear prepaid policy, we will return the full annual premium for the subsequent years.
- c. When this policy is cancelled at the request of the First Named Insured and is an auto dealer's policy written on a reporting form basis, we will calculate the return or additional premium as follows:
 - (1) Final annual premium will be determined on the basis of the average value reported during the period in which the policy was in effect.
 - (2) Pro rata earned premium will be determined based on the final annual premium for the number of days the policy was in force as determined by paragraph c(1) rounded to the next higher whole dollar.
 - (3) Pro rata unearned premium will be determined by subtracting paragraph c(2) from paragraph c(1).

- (4) The short rate surcharge will be determined by multiplying the unearned premium by 10% and rounding to the next higher whole dollar.
- (5) Calculate the short rate earned premium by adding paragraphs c(1) and c(4).
- (6) If the short rate earned premium is less than the sum of all payments (including any deposit premium), the difference is the return premium.
- (7) If the short rate earned premium is greater than the sum of all payments (including any deposit premium), the difference is the additional premium due.

3. The following is added and supersedes any provision to the contrary:

Nonrenewal

- 1. We may elect not to renew this policy by mailing or delivering to the first Named Insured, at the last mailing address known to us, written notice of nonrenewal, stating the actual reason for nonrenewal, at least 60 days prior to the effective date of the nonrenewal.
- 2. If notice is mailed, proof of mailing will be sufficient proof of notice.

MISSOURI UNINSURED MOTORISTS COVERAGE

CA-2104F(10-12)

For a covered *auto* registered or principally garaged in, or *garage operations* conducted in, Missouri, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. COVERAGE

1. We will pay all sums the *insured* is legally entitled to recover as compensatory damages from the owner or driver of an *uninsured motor vehicle*. The damages must result from *bodily injury* sustained by the *insured* caused by an *accident*. The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the *uninsured motor vehicle*.
2. No judgment for damages arising out of a *suit* brought against the owner or operator of an *uninsured motor vehicle* is binding on us unless we have:
 - a. Received reasonable notice of the pendency of the *suit* resulting in the judgment; and
 - b. Had a reasonable opportunity to protect our interests in the *suit*.

B. WHO IS AN INSURED

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are *insureds*:
 - a. The Named Insured and any *family members*. However, this does not include any *family member*, other than the Named Insured's spouse, who owns an *auto*.
 - b. Anyone else *occupying* a covered *auto* or a temporary substitute for a covered *auto*. The covered *auto* must be out of service because of its breakdown, repair, servicing, *loss* or destruction.
 - c. Anyone for damages he or she is entitled to recover because of *bodily injury* sustained by another *insured*.
2. A partnership, limited liability company, corporation or any other form of organization, then the following are *insureds*:
 - a. Anyone *occupying* a covered *auto* or a temporary substitute for a covered *auto*. The covered *auto* must be out of ser-

vice because of its breakdown, repair, servicing, *loss* or destruction.

- b. Anyone for damages he or she is entitled to recover because of *bodily injury* sustained by another *insured*.

C. EXCLUSIONS

This insurance does not apply to any of the following:

1. Any claim settled without our consent, if the settlement or judgment prejudices our right to recover payment. However, this exclusion applies only to the extent that the limits of liability for Uninsured Motorists Coverage exceed the minimum limits of liability required by the financial responsibility law of Missouri.
2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
3. *Bodily injury* sustained by any person while *occupying* or struck by any vehicle owned by the Named Insured or if the Named Insured is an individual, any *family member*, that is not a covered *auto*. However, this exclusion does not apply to an individual Named Insured.
4. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
5. Punitive or exemplary damages.
6. *Bodily injury* arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. LIMIT OF INSURANCE

1. Regardless of the number of *insureds*, premiums paid, claims made or vehicles involved in the *accident*, the most we will pay for all damages resulting from any one *accident* is the limit of Uninsured Motorists Coverage shown in the Declarations.

However, if *bodily injury* to which this coverage applies is sustained by any person other than an individual Named Insured or any *family member*, the Limit of Insurance

shown in the Declarations for this coverage is also the most we will pay regardless of the number of covered *autos*.

2. If there are two or more covered *autos*, that are not trailers, and *bodily injury* is sustained by an individual Named Insured or any *family member*, our Limit of Insurance for any one *accident* is the sum of the limits applicable to each covered *auto* which is not a *trailer*. Subject to this maximum limit of liability for all damages:
 - a. The most we will pay for all damages sustained in such *accident* by an *insured* other than an individual Named Insured or any *family member* is that *insured's* pro rata share of the limit shown in the Declarations for this coverage, at the time of the *accident*.
 - b. An individual Named Insured or any *family member* who sustains *bodily injury* in such *accident* will also be entitled to a pro rata share of the limit described in Paragraph a above.

A person's pro rata share is the proportion that that person's damages bears to the total damages sustained by all *insureds*.

3. No one will be entitled to receive duplicate payments for the same elements of *loss* under this Coverage Form and any Liability Coverage Form attached to this Coverage Part.

We will not make a duplicate payment under this coverage for any element of *loss* for which payment has been made by or for anyone who is legally responsible. However, this does not include any amounts paid or payable under medical payments or any workers' compensation, disability benefits or similar law.

E. CHANGES IN CONDITIONS

The Conditions are changed for Missouri Uninsured Motorists Coverage as follows:

1. The reference in Other Insurance in the Business Auto and Garage Coverage Forms and Other Insurance - Primary And Excess Insurance Provisions in the Truckers and Motor Carrier Coverage Forms to "other collectible insurance" applies only to other collectible uninsured motorists insurance.
2. Duties In The Event Of Accident, Claim, Suit Or Loss is changed by adding the following:
 - a. Promptly notify the police if a hit-and-run driver is involved; and
 - b. Promptly send us copies of the legal papers if a *suit* is brought.
3. Transfer Of Rights Of Recovery Against

Others To Us is changed by adding the following:

If we make any payment and the *insured* recovers from another party, the *insured* shall hold the proceeds in trust for us and pay us back the amount we have paid.

4. The following condition is added:

Arbitration

- a. If we and an *insured* disagree whether the *insured* is legally entitled to recover damages from the owner or driver of an *uninsured motor vehicle* or do not agree as to the amount of damages that are recoverable by that *insured*, both parties may agree to an arbitration and to be bound by the results of that arbitration. However, disputes concerning coverage under this endorsement may not be arbitrated. If both parties so agree, then each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the *insured* lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

5. Two Or More Coverage Forms Or Policies Issued By Us does not apply.

F. ADDITIONAL DEFINITIONS

As used in this endorsement:

1. "*Family member*" means a person related to an individual Named Insured by blood, marriage or adoption, who is a resident of such Named Insured's household, including a ward or foster child.
2. "*Occupying*" means in, upon, getting in, on, out or off.
3. "*Uninsured motor vehicle*" means a land motor vehicle or *trailer*:
 - a. For which no liability bond or policy at the time of an *accident* provides at least the amounts required by the applicable law where a covered *auto* is principally garaged;
 - b. For which an insuring or bonding company denies coverage or is or becomes insolvent; or
 - c. That is a hit-and-run vehicle and neither the driver nor owner can be identified. The vehicle must either:

- (1) Hit an *insured*, a covered *auto* or a vehicle an *insured* is *occupying*, or
- (2) Cause *bodily injury* to an *insured* without hitting an *insured*, a covered *auto* or a vehicle an *insured* is *occupying*. The facts of the *accident* must be proved. We may request supporting evidence beyond the testimony of a person making a claim under this or any similar coverage to support the validity of such claim.

However, *uninsured motor vehicle* does not include any vehicle:

- a. Owned or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer who is or becomes insolvent and cannot provide the amounts required by that motor vehicle law; or
- b. Designed for use mainly off public roads while not on public roads.

SPLIT BODILY INJURY UNDERINSURED MOTORISTS
COVERAGE LIMITS

CA-2151F(10-13)

This endorsement modifies insurance provided under the following:

UNDERINSURED MOTORISTS COVERAGE

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

Paragraph 1 of the Limit of Insurance provision in the Underinsured Motorists Coverage endorsement applicable to *bodily injury* is replaced by the following:

1. Regardless of the number of covered *autos*, *insureds*, premiums paid, claims made or vehicles involved in the *accident*, the limit of insurance is as follows:

- a. The most we will pay for all damages resulting from *bodily injury* to any one person caused by any one *accident*, including all damages claimed by any person or organization for care, loss of services or death resulting from the *bodily injury*, is the limit of *Bodily Injury* shown in the Declarations for each person.
- b. Subject to the limit for each person, the most we will pay for all damages resulting from *bodily injury* caused by any one *accident* is the limit of *Bodily Injury* shown in the Declarations for each *accident*.

MISSOURI SPLIT UNINSURED MOTORISTS COVERAGE LIMITS

CA-2156F(4-01)

: For a covered *auto* licensed or principally garaged in, or *garage operations* conducted in, Missouri, this endorsement modifies insurance provided under the following:

MISSOURI UNINSURED MOTORISTS COVERAGE

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Paragraphs 1 and 2 of Limit Of Insurance are replaced by the following:

a. Regardless of the number of *insureds*, premiums paid, claims made or vehicles involved in the *accident*, the most we will pay for *bodily injury* to any one person resulting from any one *accident*, including all damages claimed by any person or organization for care, loss of services or death resulting from the *bodily injury*, is the limit of *Bodily Injury* for each person shown in the Declarations applicable to each covered *auto*.

(1) If there is more than one covered *auto*, and *bodily injury* is sustained by an individual Named Insured or any *family member*, our Limit of Insurance for any one *accident* is the sum of the limits of *Bodily Injury* for each person shown in the Declarations applicable to each covered *auto*. Subject to the maximum limit of *Bodily Injury* for each person:

(a) The most we will pay for *bodily injury* sustained in such *accident* by an *insured* other than an individual Named Insured or any *family member* is that *insured's* pro rata share of the *Bodily Injury* for each person limit shown in the Declarations for this coverage, at the time of the *accident*.

(b) An individual Named Insured or any *family member* who sustains *bodily injury* in such *accident* will also be entitled to a pro rata share of the limit described in Paragraph a(1)(a) above.

(c) A person's pro rata share is the proportion that that person's damages bears to the total damages sustained by all *insureds*.

(2) If the *bodily injury* is sustained by any *insured* other than an individual Named Insured or any *family member*, in an *accident* in which neither such Named Insured nor any *family member* sustained *bodily injury*, the limit of *Bodily Injury* for each person

shown in the Declarations for this coverage, at the time of the *accident*, is also our maximum limit for *bodily injury* resulting from any such *accident* regardless of the number of covered *autos*.

b. Subject to the limit for each person, regardless of the number of *insureds*, premiums paid, claims made or vehicles involved in the *accident*, the most we will pay for *bodily injury* resulting from any one *accident*, including all damages claimed by any person or organization for care, loss of services or death resulting from the *bodily injury*, is the limit of *Bodily Injury* for each *accident* shown in the Declarations applicable to each covered *auto*.

(1) If there is more than one covered *auto*, and *bodily injury* is sustained by an individual Named Insured or any *family member*, our Limit of Insurance for any one *accident* is the sum of the limits of *Bodily Injury* for each *accident* shown in the Declarations applicable to each covered *auto*. Subject to the maximum limit of *Bodily Injury* for each *accident*:

(a) The most we will pay for *bodily injury* sustained in such *accident* by an *insured* other than an individual Named Insured or any *family member* is that *insured's* pro rata share of the *Bodily Injury* for each *accident* limit shown in the Declarations for this coverage, at the time of the *accident*.

(b) An individual Named Insured or any *family member* who sustains *bodily injury* in such *accident* will also be entitled to a pro rata share of the limit described in Paragraph b(1)(a) above.

(c) A person's pro rata share is the proportion that that person's damages bears to the total damages sustained by all *insureds*.

(2) If the *bodily injury* is sustained by any *insured* other than an individual Named Insured or any *family member*, in an *accident* in which neither such Named Insured nor any *family member* sustained *bodily injury*, the limit of *Bodily Injury* for each *accident* shown in the Declarations for this coverage, at the time of the *accident*, is also our maximum limit for *bodily injury* resulting from any such *accident* regardless of the number of covered *autos*.

PUBLIC OR LIVERY PASSENGER CONVEYANCE AND ON-DEMAND DELIVERY SERVICES EXCLUSION

CA-2345F(11-16)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE COVERAGE FORM

MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. Changes In Liability Coverage

The following exclusion is added:

Public Or Livery Passenger Conveyance And On-demand Delivery Services

This insurance does not apply to any covered *auto* while being used:

1. As a public or livery conveyance for passengers. This includes, but is not limited to, any period of time a covered *auto* is being used by an *insured* who is logged into a *transportation network platform* as a driver, whether or not a passenger is occupying the covered *auto*; or
2. By an *insured* who is logged into a *transportation network platform* or *delivery network platform* as a driver to provide *delivery services*, whether or not the goods, items or products to be delivered are in the covered *auto*.

B. Changes In Physical Damage Coverage

The following exclusion is added:

We will not pay for loss to any covered *autos* while being used:

1. As a public or livery conveyance for passengers. This includes, but is not limited to, any period of time a covered *auto* is being used by an *insured* who is logged into a *transportation network platform* as a driver, whether or not a passenger is occupying the covered *auto*; or
2. By an *insured* who is logged into a *transportation network platform* or *delivery network platform* as a driver to provide *delivery services*, whether or not the goods, items or products to be delivered are in the covered *auto*.

C. Changes In Auto Medical Payments

If Auto Medical Payments Coverage is attached, then the following exclusion is added:

Public Or Livery Passenger Conveyance and On-demand Delivery Services

This insurance does not apply to:

Bodily injury sustained by an insured occupying a covered auto while it is being used:

1. As a public or livery conveyance for passengers. This includes, but is not limited to, any period of time a covered *auto* is being used by an *insured* who is logged into a *transportation network platform* as a driver, whether or not a passenger is occupying the covered *auto*; or
2. By an *insured* who is logged into a *transportation network platform* or *delivery network platform* as a driver to provide *delivery services*, whether or not the goods, items or products to be delivered are in the covered *auto*.

D. Changes In Uninsured And/Or Underinsured Motorists Coverage

1. If Uninsured and/or Underinsured Motorists Coverage is attached, and:
 - a. Contains, in whole or in part, a public or livery exclusion, then the following exclusion in Paragraph 2 does not apply.
 - b. Does not contain a public or livery exclusion, then the following exclusion in Paragraph 2 is added.

2. Public Or Livery Passenger Conveyance And On-demand Delivery Services

This insurance does not apply to any covered *auto* while being used:

- a. As a public or livery conveyance for passengers. This includes, but is not limited to, any period of time a covered *auto* is being used by an *insured* who is logged into a *transportation network platform* as a driver, whether or not a passenger is occupying the covered *auto*; or
- b. By an *insured* who is logged into a *transportation network platform* or *delivery network platform* as a driver to provide *delivery services*, whether or not the goods, items or products to be delivered are in the covered *auto*.

E. Changes In Personal Injury Protection Coverage

1. If Personal Injury Protection, no-fault or other similar coverage is attached, and:
 - a. Contains, in whole or in part, a public or livery exclusion, then the following exclusion in Paragraph 2 does not apply.
 - b. Does not contain a public or livery exclusion, then the following exclusion in Paragraph 2 is added.
2. Public Or Livery Passenger Conveyance And On-demand Delivery Services

This insurance does not apply to any covered *auto* while being used:

- a. As a public or livery conveyance for passengers. This includes, but is not limited to, any period of time a covered *auto* is being used by an *insured* who is logged into a *transportation network platform* as a driver, whether or not a passenger is *occupying* the covered *auto*; or
- b. By an *insured* who is logged into a *transportation network platform* or *delivery network platform* as a driver to provide *delivery services*, whether or not the goods, items or products to be delivered are in the covered *auto*.

F. Additional Definitions

As used in this endorsement:

1. "*Delivery network platform*" means an on-

line-enabled application or digital network, used to connect customers:

- a. With drivers; or
- b. With local vendors using drivers; for the purpose of providing prearranged *delivery services* for compensation. A *delivery network platform* does not include a *transportation network platform*.

2. "*Delivery services*" includes courier services.
3. "*Occupying*" means in, upon, getting in, on, out or off.
4. "*Transportation network platform*" means an online-enabled application or digital network used to connect passengers with drivers using vehicles for the purpose of providing prearranged transportation services for compensation.

EXCLUSION OF TERRORISM

CA-2384F(10-13)

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. The following definitions are added and apply under this endorsement wherever the term *terrorism*, or the phrase *any injury, damage, loss or expense*, is shown in italics:

1. "*Terrorism*" means activities against persons, organizations or property of any nature:
 - a. That involve the following or preparation for the following:
 - (1) Use or threat of force or violence; or
 - (2) Commission or threat of a dangerous act; or
 - (3) Commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
 - b. When one or both of the following apply:
 - (1) The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
 - (2) It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
2. "*Any injury, damage, loss or expense*" means any injury, damage, loss or expense covered under any Coverage Form or Policy to which this endorsement is applicable, and includes but is not limited to *bodily injury, property damage, personal injury, personal and advertising injury, loss, loss of use, rental reimbursement after loss or covered pollution cost or expense*, as may be defined under this Coverage Form, Policy or any applicable endorsement.
- B. Except with respect to Physical Damage Coverage, Trailer Interchange Coverage, Garagekeepers Coverage or Garagekeepers Coverage - Customers' Sound Receiving Equipment, the

following exclusion is added:

Exclusion Of Terrorism

We will not pay for *any injury, damage, loss or expense* caused directly or indirectly by *terrorism*, including action in hindering or defending against an actual or expected incident of *terrorism*. *Any injury, damage, loss or expense* is excluded regardless of any other cause or event that contributes concurrently or in any sequence to such injury, damage, loss or expense. But this exclusion applies only when one or more of the following are attributed to an incident of *terrorism*:

1. The *terrorism* is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or
2. Radioactive material is released, and it appears that one purpose of the *terrorism* was to release such material; or
3. The *terrorism* is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
4. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the *terrorism* was to release such materials; or
5. The total of insured damage to all types of property exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the *terrorism* and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions; or
6. Fifty or more persons sustain death or serious physical injury. For the purposes of this provision, serious physical injury means:
 - a. Physical injury that involves a substantial risk of death; or
 - b. Protracted and obvious physical disfigurement; or
 - c. Protracted loss of or impairment of the function of a bodily member or organ.

Multiple incidents of *terrorism* which occur within a 72-hour period and appear to be carried

out in concert or to have a related purpose or common leadership will be deemed to be one incident, for the purpose of determining whether the thresholds in Paragraphs B5 and B6 are exceeded.

With respect to this exclusion, Paragraphs B5 and B6 describe the thresholds used to measure the magnitude of an incident of *terrorism* and the circumstances in which the threshold will apply, for the purpose of determining whether this exclusion will apply to that incident. When the exclusion applies to an incident of *terrorism*, there is no coverage under this Coverage Form, Policy or any applicable endorsement.

C. With respect to Physical Damage Coverage, Trailer Interchange Coverage, Garagekeepers Coverage or Garagekeepers Coverage - Customers' Sound Receiving Equipment, the following exclusion is added:

Exclusion Of Terrorism

We will not pay for any *loss*, loss of use or rental reimbursement after *loss* caused directly or indirectly by *terrorism*, including action in hindering or defending against an actual or expected incident of *terrorism*. But this exclusion applies only when one or more of the following are attributed to an incident of *terrorism*:

1. The *terrorism* is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or
2. Radioactive material is released, and it appears that one purpose of the *terrorism* was to release such material; or
3. The *terrorism* is carried out by means of the dispersal or application of pathogenic or poi-

sonous biological or chemical materials; or

4. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the *terrorism* was to release such materials; or
5. The total of insured damage to all types of property exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the *terrorism* and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions.

Multiple incidents of *terrorism* which occur within a 72-hour period and appear to be carried out in concert or to have a related purpose or common leadership will be deemed to be one incident, for the purpose of determining whether the threshold in Paragraph C5 is exceeded.

With respect to this exclusion, Paragraph C5 describes the threshold used to measure the magnitude of an incident of *terrorism* and the circumstances in which the threshold will apply, for the purpose of determining whether this exclusion will apply to that incident. When the exclusion applies to an incident of *terrorism*, there is no coverage under this Coverage Form, Policy or any applicable endorsement.

D. In the event of any incident of *terrorism* that is not subject to the exclusion in Paragraph B or C, coverage does not apply to *any injury, damage, loss or expense* that is otherwise excluded under this Coverage Form, Policy or any applicable endorsement.

MISSOURI UNDERINSURED MOTORISTS COVERAGE

CA-3104F(8-18)

For a covered *auto* licensed or principally garaged in, or *garage operations* conducted in, Missouri, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE COVERAGE FORM

MOTOR CARRIER COVERAGE FORM

TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by the endorsement.

A. COVERAGE

1. We will pay all sums the *insured* is legally entitled to recover as compensatory damages from the owner or driver of an *underinsured motor vehicle*. The damages must result from *bodily injury* sustained by the *insured* caused by an *accident*. The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the *underinsured motor vehicle*.
2. We will pay under this coverage only if paragraph a or b below applies:
 - a. The limit of any applicable liability bonds or policies have been exhausted by payment of judgments or settlements; or
 - b. A tentative settlement has been made between an *insured* and the insurer of the *underinsured motor vehicle* and we:
 - (1) Have been given prompt written notice of such tentative settlement; and
 - (2) Advance payment to the *insured* in an amount equal to the tentative settlement within 30 days after receipt of notification.
3. Any judgment for damages arising out of a *suit* brought without our written consent is not binding on us.

B. WHO IS AN INSURED

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are *insureds*:
 - a. The Named Insured and any *family members*. However, this does not include any *family member*, other than the Named Insured's spouse, who owns an *auto*.
 - b. Anyone else *occupying* a covered *auto* or a temporary substitute for a covered *auto*. The covered *auto* must be out of

service because of its breakdown, repair, servicing, *loss* or destruction.

- c. Anyone for damages he or she is entitled to recover because of *bodily injury* sustained by another *insured*.
2. A partnership, limited liability company, corporation or any other form of organization, then the following are *insureds*:
 - a. Anyone *occupying* a covered *auto* or a temporary substitute for a covered *auto*. The covered *auto* must be out of service because of its breakdown, repair, servicing, *loss* or destruction.
 - b. Anyone for damages he or she is entitled to recover because of *bodily injury* sustained by another *insured*.

C. EXCLUSIONS

This insurance does not apply to any of the following:

1. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
2. *Bodily injury* sustained by any person while *occupying* or struck by any vehicle owned by the Named Insured or if the Named Insured is an individual, any *family member*, that is not a covered *auto*. However, this exclusion does not apply to an individual Named Insured.
3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
4. Punitive or exemplary damages.
5. *Bodily injury* arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. LIMIT OF INSURANCE

1. Regardless of the number of covered *autos*, *insureds*, premiums paid, claims made or vehicles involved in the *accident*, the most we will pay for all damages resulting from any one *accident* is the limit of Underinsured Motorists Coverage shown in the Declarations.

2. The Limit of Insurance under this coverage shall be reduced by all sums paid for bodily injury by or for anyone who is legally responsible, including all sums paid under this coverage and this policy's Liability Coverage.
3. We will not pay for any element of *loss* if a person is entitled to receive duplicate payment under any of the following or similar law:
 - a. Workers' compensation law; or
 - b. Disability benefits law.
4. No one will be entitled to receive duplicate payments for the same elements of *loss* under this coverage and this policy's Liability Coverage.
5. We will not make a duplicate payment under this coverage for any element of *loss* for which payment has been made by or for anyone who is legally responsible.

E. CHANGES IN CONDITIONS

The Conditions are changed for Missouri Underinsured Motorists Coverage as follows:

1. Other Insurance in the Business Auto and Garage Coverage Forms and Other Insurance - Primary and Excess Insurance Provisions in the Truckers and Motor Carrier Coverage Forms are replaced by the following:

If there is other applicable insurance available under one or more policies or provisions of coverage:

- a. The maximum recovery under all coverage forms or policies combined may equal but not exceed the highest applicable limit for any one vehicle under any coverage form or policy providing coverage on either a primary or excess basis.
- b. Subject to all other provisions of this policy, including but not limited to:
 - (1) Exclusion C2 of this endorsement;
 - (2) Paragraph D, Limit of Insurance of this endorsement;
 - (3) Paragraph E1a of the Other Insurance condition of this endorsement; and
 - (4) The Two or More Coverage Forms or Policies Issued by Us condition of this policy;

any insurance we provide with respect to a vehicle the Named Insured does not own shall be excess over any other collectible underinsured motorists insurance providing coverage on a primary basis.

- c. If the coverage under this coverage form is provided:
 - (1) On a primary basis, we will pay only our share of the loss that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on a primary basis.
 - (2) On an excess basis, we will pay only our share of the loss that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on an excess basis.

2. Duties in the Event of Accident, Claim, Suit or Loss is changed by adding the following:

- a. Promptly notify the police if a hit-and-run driver is involved;
- b. Promptly send us copies of the legal papers if a *suit* is brought; and
- c. A person seeking Underinsured Motorists Coverage must also promptly notify us in writing of a tentative settlement between the *insured* and the insurer of the *underinsured motor vehicle* and allow us to advance payment to that *insured* in an amount equal to the tentative settlement within 30 days after receipt of notification to preserve our rights against the insurer, owner or operator of such *underinsured motor vehicle*.

3. Transfer of Rights of Recovery Against Others to Us is changed by adding the following:

If we make any payment and the *insured* recovers from another party, the *insured* shall hold the proceeds in trust for us and pay us back the amount we have paid.

Our rights do not apply under this provision with respect to damages caused by an *accident* with an *underinsured motor vehicle* if we:

- a. Have been given prompt written notice of a tentative settlement between an *insured* and the insurer of an *underinsured motor vehicle*; and
- b. Fail to advance payment to the *insured* in an amount equal to the tentative settlement within 30 days after receipt of notification.

If we advance payment to the *insured* in an amount equal to the tentative settlement

within 30 days after receipt of notification:

- a. That payment will be separate from any amount the *insured* is entitled to recover under the provisions of Underinsured Motorists Coverage; and
- b. We also have a right to recover the advanced payment.

4. The following condition is added:

Arbitration

- a. If we and an *insured* disagree whether the *insured* is legally entitled to recover damages from the owner or driver of an *underinsured motor vehicle* or do not agree as to the amount of damages that are recoverable by that *insured*, both parties may agree to an arbitration and to be bound by the results of that arbitration. However, disputes concerning coverage under this endorsement may not be arbitrated. If both parties so agree, then each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county

in which the *insured* lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

F. ADDITIONAL DEFINITIONS

As used in this endorsement:

1. "*Family member*" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
2. "*Occupying*" means in, upon, getting in, on, out or off.
3. "*Underinsured motor vehicle*" means a land motor vehicle or trailer for which a *bodily injury* liability bond or policy applies at the time of an *accident* but the amount paid for *bodily injury* under that bond or policy to an *insured* is not enough to pay the full amount the *insured* is legally entitled to recover as damages.

However, *underinsured motor vehicle* does not include any vehicle:

- a. Owned or operated by a self insurer under any applicable motor vehicle law; or
- b. Designed for use mainly off public roads while not on public roads.

POLICY NUMBER: ZD8863

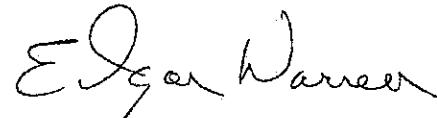
**FORM F - UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY INSURANCE ENDORSEMENT**

CA-7015(8-17)

Attached to and forming part of Policy Number ZD8863, issued by Acuity, A Mutual Insurance Company (herein called company) of Sheboygan, Wisconsin to
JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Dated at Sheboygan, Wisconsin on SEPTEMBER 16, 2020

Countersigned by



VP - Commercial Lines

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below.
3. This endorsement may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such commission.

The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the following State Commissions: MISSOURI

COVERED AUTO SYMBOLS ENDORSEMENT - TRUCKERS

CA-7016(7-97)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Part A, Description of Covered Auto Designation Symbols of Section I - Covered Autos is changed to revise the descriptions of symbol "8," HIRED AUTOS ONLY, and symbol "9," NONOWNED AUTOS ONLY.

8 = HIRED AUTOS ONLY. Only those *autos* you

lease, hire, rent or borrow. This does not include any private passenger type *auto* you lease, hire, rent or borrow from any member of your household, any of your *employees*, partners or agents or members of their households.

9 = NONOWNED AUTOS ONLY. Only those *autos* you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes private passenger type *autos* owned by your *employees* or partners or members of their households but only while used in your business or your personal affairs.

POLICY NUMBER: ZD8863

LOSS PAYABLE CLAUSE

CA-7027(12-93)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. We will pay, as interest may appear, you and the loss payee named in the Schedule for loss to a covered auto.
2. The insurance covers the interest of the loss payee unless the loss results from conversion, secretion or embezzlement on your part.

3. CANCELLATION

- a. If we cancel the policy for any reason other than nonpayment of premium, we will mail notice to the loss payee in accordance with the Cancellation Common Policy Condition.
- b. If the policy is cancelled due to nonpayment of premium, we will mail to the loss payee, a copy of the policy lapse notice we send the insured.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. Cancellation ends this agreement.

4. If we make any payment to the loss payee, we will obtain their rights against any other party.

SCHEDULE**First Named Insured and Address:**

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Loss Payee (Name and Address)

SECURITY BANK OF THE OZARKS
PO BOX 305
WINONA MO 65588

Company Name and Address:

Acuity, A Mutual Insurance Company
2800 South Taylor Drive
PO Box 58
Sheboygan, WI 53082-0058

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 09-16-20

Expiration Date: 09-16-21

Unit Number	Model Year	Description of Applicable Vehicles	
		Vehicle Description	ID Number
0001	2001	PETERBILT 379	1XP5DB9X61N537321
0002	2004	PETERBILT 379	1XP5DB9X24N826426
0003	2001	PETERBILT 379	1XP5DB9X61D550530
0004	2004	PETERBILT 379	1XP5DB9XX4D818743
0005	2007	REITNOUER TRAILER	1RNF48A297R017010
0006	2007	REITNOUER TRAILER	1RNF48A227R018676
0007	2013	REITNOUER TRAILER	1RNF48A28DR028253
0009	2014	REITNOUER TRAILER	1RNF48A24ER031393
0012	1998	PETERBILT 379	1XP5DB9X3WN445039
0013	2020	PITTS ENTERPRISES TRAILER	5JYLT4022LPP19762

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0001	\$1,000		\$1,000
0002	\$1,000		\$1,000
0003	\$1,000		\$1,000
0004	\$1,000		\$1,000

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0005	\$1,000		\$1,000
0006	\$1,000		\$1,000
0007	\$1,000		\$1,000
0009	\$1,000		\$1,000
0012	\$1,000		\$1,000
0013	\$1,000		\$1,000

POLICY NUMBER: ZD8863

**ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR
PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER
ACT OF 1980 (MCS-90)**

CA-7100(8-17)

Issued to

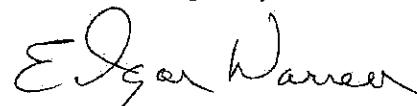
JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Dated at SHEBOYGAN, WISCONSIN on AUGUST 31, 2020

Amending Policy No. ZD8863 Effective Date SEPTEMBER 16, 2020

Name of Insurance Company ACUITY, A MUTUAL INSURANCE COMPANY

Countersigned by



VP - Commercial Lines

This insurance is primary and the company shall not be liable for amounts in excess of \$750,000 for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 920-458-9131.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo.

It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement

thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

THE SCHEDULE OF LIMITS SHOWN BELOW DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.

SCHEDULE OF LIMITS - PUBLIC LIABILITY

Type of Carriage	Commodity Transported	Minimum Insurance
(1) For-hire (In interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (In interstate, foreign or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials. Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (In interstate or foreign commerce, in any quantity, or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

POLICY NUMBER: ZD8863

**ADDITIONAL INSURED - DESIGNATED PERSON OR
ORGANIZATION - PRIMARY**

CA-7210(10-98)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

1. Who Is an Insured under Section II - Liability Coverage is amended to include the person(s) or organization(s) named in the Schedule, but only with

respect to liability arising out of operations performed for that person or organization by you.

2. This endorsement shall not increase the limit of insurance. The coverage provided by this endorsement will be primary and noncontributory with respect to any other coverage available to the additional insured.

SCHEDULE

**Person or Organization
(Name and Address)**

DAVID & REBECCA VANWINKLE
9705 COUNTY ROAD 443
WINONA MO 65588

OLD CASTLE BUILDING PRODUCTS
3 GLENLAKE PKWY FL 12
ATLANTA GA 30328

HIXSON LUMBER INC & AFFILIATE
125 HIXSON
PLUMERVILLE AR 72127

ADDITIONAL INSURED - AUTOMATIC STATUS WHEN REQUIRED IN
WRITTEN AGREEMENT WITH YOU

CA-7213(10-98)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE COVERAGE FORM

MOTOR CARRIER COVERAGE FORM

1. Who Is an Insured under Section II - Liability Coverage is amended to include any person or organization with whom you have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on

your policy. Such persons or organizations are additional insureds only with respect to liability arising out of operations performed for the additional insured by you.

2. The Limits of Insurance applicable to the additional insured are those specified in the written contract or agreement or in the Declarations for this Coverage Form, whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits of Insurance shown in the Declarations.

TRUCKERS' ENHANCEMENTS

CA-7260(11-15)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

A. Temporary Substitute Vehicle Physical Damage

The following is added to item C Certain Trailers, Mobile Equipment and Temporary Substitute Autos under Section I - Covered Autos:

If Physical Damage Coverage is provided by this Coverage Form, any *auto* you do not own while used with permission of its owner as a temporary substitute for a covered *auto* you own that is out of service because of its breakdown, repair, servicing, loss or destruction is a covered *auto* for Physical Damage Coverage.

B. Who Is an Insured

The following are added to Who Is an Insured under Section II - Liability Coverage:

1. Newly Acquired Organizations

Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

- a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;
- b. This coverage does not apply to *bodily injury* or *property damage* that occurred before you acquired or formed the organization;
- c. No person or organization is an *insured* with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

2. Employees as Insureds

Any *employee* of yours is an *insured* while using a covered *auto* you do not own, hire or borrow in your business or your personal affairs.

C. Increased Supplementary Payments

1. The limit shown in paragraph A2a(2) of Section II - Liability Coverage is increased to \$3,000.
2. The limit shown in paragraph A2a(4) of Section II - Liability Coverage is increased to \$300.

D. Fellow Employee Coverage

The Fellow Employee Exclusion contained in Section II - Liability Coverage does not apply.

E. Towing for Covered Autos after Covered Losses

The following is added to paragraph A4 Coverage Extensions of Section III - Physical Damage Coverage in the Business Auto Coverage Form and to paragraph - A4 Coverage Extension under Section IV - Physical Damage Coverage in the Motor Carrier Coverage Form and the Towing Coverage endorsement, if it applies to the policy:

If a covered *loss* to a covered *auto* renders the vehicle undriveable, we will pay for reasonable and necessary costs to tow the vehicle to the nearest service or salvage facility. This coverage only applies to a covered *auto* insured for Comprehensive or Collision coverage. Such payments will not reduce the limits of insurance described in C Limit of Insurance.

F. Transportation Expenses

The Transportation Expenses Coverage Extension is replaced by the following:

We will also pay up to \$75 per day to a maximum of \$1,500 for temporary transportation expense incurred by you because of the total theft of a covered *auto* of the private passenger or *light truck* type. We will pay only for those covered *autos* for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered *auto* is returned to use or we pay for its *loss*.

G. Increased Sub-limit for Audio, Visual and Data Electronic Equipment Coverage

The sub-limit shown in paragraph C2 of the Limit of Insurance Provision of Section III - Physical Damage Coverage in the Business Auto Coverage Form is increased to \$3,000.

H. The following are added to Coverage Extensions under Section III - Physical Damage Coverage of the Business Auto Coverage Form and to Section IV - Physical Damage Coverage in the Motor Carrier Coverage Form:

1. Accidental Airbag Discharge

We will pay to replace an airbag that deploys without the car being involved in an accident. This coverage applies only to a covered *auto* which you own.

2. Loan/Lessee Gap Coverage

- a. Private Passenger or Light Truck Types

In the event of a total *loss* to a covered *auto* of the private passenger or *light truck* type, we will pay any unpaid amount due on the lease or loan, less:

- (1) The amount paid under the Physical Damage Coverage Section of the policy; and
- (2) Any:
 - (a) Overdue lease/loan payments at the time of the *loss*;
 - (b) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - (c) Security deposits not returned by the lessor;
 - (d) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
 - (e) Carry-over balances from previous loans or leases.

b. Truckers, Other than Private Passenger and Light Truck Types

In the event of a total *loss* to a covered *auto* of the truck type, we will pay up to \$5,000 for any unpaid amount due on the lease or loan, less:

- (1) The amount paid under the Physical Damage Coverage Section of the policy; and
- (2) Any:
 - (a) Overdue lease/loan payments at the time of the *loss*;
 - (b) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - (c) Security deposits not returned by the lessor;
 - (d) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
 - (e) Carry-over balances from previous loans or leases.

3. Hired Auto Physical Damage Coverage

If hired *autos* are covered *autos* for Liability Coverage, then the Physical Damage Coverages provided under this Coverage Form for any *auto* you own are extended to *autos* of the private passenger or *light truck* type which you lease, hire, rent or borrow for a period of 30 days or less, subject to

the following limit.

The most we will pay under this extension is the lesser of the actual cash value, the cost of repair or \$50,000, minus a deductible. The deductible will be equal to the largest deductible applicable to any owned *auto* of the private passenger or *light truck* type for that coverage. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered *auto* you own of the private passenger or *light truck* type.

4. Rental Reimbursement Coverage for Private Passenger Vehicles or Light Trucks
 - a. This coverage applies only to a covered *auto* of the private passenger or *light truck* type.
 - b. We will pay for rental reimbursement expenses incurred by you for the rental of an *auto* because of a covered *loss* to an *auto* to which this extension applies. Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered *auto*. No deductibles apply to this coverage.
 - c. We will pay only for those expenses incurred during the policy period beginning 24 hours after the *loss* and ending, regardless of the policy's expiration, with the lesser of the following number of days:
 - (1) The number of days reasonably required to repair or replace the covered *auto*. If *loss* is caused by theft, this number of days is added to the number of days it takes to locate the covered *auto* and return it to you.
 - (2) 30 days.
 - d. Our payment is limited to the lesser of the following amounts:
 - (1) Necessary and actual expenses incurred.
 - (2) \$75 per day to a maximum of \$1,500.
 - e. This coverage does not apply while there are spare or reserve *autos* available to you for your operations.
 - f. If *loss* results from the total theft of a covered *auto* to which this extension applies, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the Physical Damage Coverage Extensions.
 - g. The Rental Reimbursement Coverage

described above does not apply to a covered *auto* that is described or designated as a covered *auto* on Rental Reimbursement Coverage Form CA-9923F.

5. Fire Department Service Charge

When the fire department is called to save or protect a covered *auto*, its equipment, its contents, or occupants from a covered *loss*, we will pay up to \$1,000 for your liability for fire department service charges:

- a. Assumed by contract or agreement prior to loss; or
- b. Required by local ordinance.

No deductible applies to this additional coverage.

6. Fire Extinguisher Recharge

We will pay the actual cost of recharging or replacing, whichever is less, fire extinguishers kept in your covered *auto* that are intentionally discharged in an attempt to extinguish a fire.

7. Broad Form Electronic Equipment Coverage

We will also pay, with respect to a covered *loss*, the actual cash value, repair cost, replacement cost or \$5,000, whichever is less, for *loss* to *electronic equipment* owned by you and used in your business while inside or attached to a covered *auto*.

Deductible

A deductible applies to this coverage. Refer to paragraph O Deductible Applicable to Broad Form Electronic Equipment, Fuel in Vehicle, Miscellaneous Equipment Used With Covered Vehicle, Personal Property Coverages, and Electronic Logging Devices or Electronic On-Board Recorders for further information.

Other Insurance

The Broad Form Electronic Equipment Coverage is excess over any other insurance coverage available for the same *loss*.

Exclusions

Exclusions Applicable to Broad Form Electronic Equipment, Miscellaneous Equipment and Personal Property Coverages Extensions apply to this extension.

8. Rental Reimbursement, Business Income and Extra Expense Coverage

Limits

The most we will pay for all *loss* for each covered *auto* involved in any one *accident* for Rental Reimbursement, Business Income and Extra Expense combined is \$10,000.

Coverage

a. Rental Reimbursement Coverage

- (1) We will pay for expenses incurred by you during the *period of restoration* for the rental of an *auto* made necessary because of a covered *loss* to a covered *auto* used in your business. The *loss* must be caused by a cause of loss covered under item A1 of Physical Damage Coverage in this Coverage Part.
- (2) This Rental Reimbursement Coverage does not apply to a covered *auto* of the private passenger or *light truck* type because coverage for these vehicles is provided in item 4 of this endorsement.

b. Business Income and Extra Expense Coverage

(1) Business Income Coverage

- (a) Actual Loss Sustained Coverage - We will pay the actual loss of *business income* sustained by you as the result of the necessary suspension of your business during the *period of restoration* due to a *loss* to a covered *auto* used in your business. The *loss* must be caused by a cause of loss covered under item A1 of Physical Damage Coverage in this Coverage Part.

- (b) Specified Amount per Day Coverage - At your option, we will pay up to \$250 per day for a maximum of seven days during the *period of restoration* for income loss. The *loss* must be caused by a cause of loss covered under item A1 of Physical Damage Coverage in this Coverage Part.

(2) Extra Expense Coverage

We will pay the necessary and reasonable *extra expenses* that you incur during the *period of restoration* that you would not have incurred had there been no *loss* to a covered *auto* used in your business. The *loss* must be caused by a cause of loss covered under item A1 of Physical Damage Coverage in this Coverage Part.

Conditions

- a. Any payment for Business Income made under Specified Amount per Day Coverage reduces the payment we

make under any other coverages listed in extension 8.

- b. No other deductible applies to these coverages.
- c. We will not pay under these coverages if you do not repair or replace the covered *auto*.
- d. You must resume all or part of your business as quickly as possible.
- e. If you have other *autos* you can use to reduce the amount of loss payable under these coverages, you are required to use them.
- f. We will not pay for loss or expenses caused by suspension, lapse or cancellation of any license, lease or contract. But if the suspension, lapse or cancellation is directly caused by the suspension of your business, we will cover such loss that affects your *business income*.
- g. We will pay for expenses you incur to reduce the amount that would otherwise have been payable under this coverage. We will not pay more than the amount by which you actually reduce the *business income* loss or *extra expense* incurred.

9. Fuel in Vehicle Coverage

We will also pay, with respect to a covered *loss*, the actual loss sustained for the *loss* to the fuel used to operate your vehicle but only with respect to a covered *auto*. You must provide documentation supporting your claim for damages.

Deductible

A deductible applies to this coverage. Refer to paragraph O Deductible Applicable to Broad Form Electronic Equipment, Fuel in Vehicle, Miscellaneous Equipment Used With Covered Vehicle, Personal Property Coverages, and Electronic Logging Devices or Electronic On-Board Recorders for further information.

10. Miscellaneous Equipment Used With Covered Vehicle Coverage

We will also pay, with respect to a covered *loss*, the actual cash value, repair cost, or replacement cost, whichever is less, for *loss* to your *miscellaneous equipment* but only with respect to a covered *auto*.

Deductible

A deductible applies to this coverage. Refer to paragraph O Deductible Applicable to Broad Form Electronic Equipment, Fuel in Vehicle, Miscellaneous Equipment Used With Covered Vehicle, Personal Property

Coverages, and Electronic Logging Devices or Electronic On-Board Recorders for further information.

Exclusions

Exclusions Applicable to Broad Form Electronic Equipment, Miscellaneous Equipment and Personal Property Coverages Extensions apply to this extension.

11. Miscellaneous Equipment Used With Trailers Used by You Coverage

We will pay for *loss* to your *miscellaneous equipment* used in the handling of property being transported on trailers that are not a covered *auto* on this policy up to the actual cash value, repair cost, replacement cost or \$1,000, whichever is less. The *loss* is subject to a \$250 deductible.

We will not pay for *loss* caused by wear and tear.

In addition, Exclusions Applicable to Broad Form Electronic Equipment, Miscellaneous Equipment and Personal Property Coverages Extensions apply to this extension.

12. Personal Property Coverage

We will also pay, with respect to a covered *loss*, the actual cash value, repair cost, replacement cost or \$2,500, whichever is less, for *loss* to personal property, including business personal property, owned by you or a driver while inside a covered *auto*.

We will not pay for *loss* to:

- a. Accounts, bills, currency, deeds, money, notes, securities and evidences of debt;
- b. Bullion, precious stones, jewelry or similar valuables, paintings, art objects, manuscripts or mechanical drawings;
- c. Contraband or property in the course of illegal transportation or trade;
- d. Furs, animals, birds or fish;
- e. *Electronic equipment* owned by you and used in your business;
- f. Firearms, and
- g. An *auto*, its equipment or fluids, including fuel.

Other exclusions also apply to this coverage. Refer to paragraph N Exclusions Applicable to Broad Form Electronic Equipment, Miscellaneous Equipment and Personal Property Coverages Extensions for more information.

The Personal Property Coverage is excess over any other insurance coverage available for the same *loss*.

Deductible

A deductible applies to this coverage. Refer to paragraph O Deductible Applicable to Broad Form Electronic Equipment, Fuel in Vehicle, Miscellaneous Equipment Used With Covered Vehicle, Personal Property Coverages, and Electronic Logging Devices or Electronic On-Board Recorders for further information.

13. Electronic Logging Devices or Electronic On-Board Recorders

We will also pay, with respect to a covered loss, up to \$3,000 for the actual loss sustained to an electronic on-board recorder or electronic logging device permanently installed in the *auto* but only with respect to a covered *auto*.

Deductible

A deductible applies to this coverage. Refer to paragraph O Deductible Applicable to Broad Form Electronic Equipment, Fuel in Vehicle, Miscellaneous Equipment Used With Covered Vehicle, Personal Property Coverages, and Electronic Logging Devices or Electronic On-Board Recorders for further information.

I. Deductible Provision

Paragraph D, Deductible of Section III - Physical Damage Coverage in the Business Auto Coverage Form and paragraph D, Deductible of Section IV - Physical Damage Coverage in the Motor Carrier Coverage Form are replaced by the following:

1. For each covered *auto*, our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to *loss* caused by fire or lightning.

2. Combined Truck, Tractor/Trailer, Cargo Deductible

- a. If you have a loss to more than one covered *auto* when such covered *autos* are attached to one another at the time of *loss*, then our obligation to pay will be reduced by the single highest applicable deductible.
- b. If you have a covered *loss* to Covered Property under a Transportation or Motor Truck Cargo Coverage Form under this policy and a covered *loss* to a covered *auto* or more than one covered *autos* that are attached to one another at the time of *loss*, then our obligation to pay will be reduced by the single highest applicable deductible.

3. The deductibles will not apply to *loss* caused by a collision of a covered *auto* with any other auto insured by us.

4. If the insured chooses to have a damaged windshield or other glass repaired instead of replaced, no deductible will apply to the loss.

J. Knowledge of Claim or Suit

The following is added to the Duties in the Event of Accident, Claim, Suit or Loss Condition:

Knowledge of an *accident*, claim, *suit* or *loss* by an agent or *employee* of any insured shall not in itself constitute knowledge of the insured unless your partners, executive officers, directors, managers, members or a person who has been designated by them to receive reports of *accidents*, claims, *suits* or *loss* shall have received such notice from the agent or *employee*.

K. Waiver of Subrogation for Written Contracts

The following is added to the Transfer of Rights of Recovery Against Others to Us Condition:

We waive any right of recovery we may have against a person or organization because of payments we make for *bodily injury* or *property damage* arising out of your use of a covered *auto* which occurs while under a contract with that person or organization. The waiver applies only to a person or organization with whom you have a written contract or agreement requiring you to waive the right of recovery under this policy. The written contract or agreement must have been executed prior to the *accident* causing *bodily injury* or *property damage*.

L. Worldwide Coverage Territory for Hired Autos

The following is added to paragraph B7 of Section IV - Business Auto Conditions of the Business Auto Coverage Form and to Section V - Motor Carrier Conditions of the Motor Carrier Coverage Form:

With respect to *autos* hired for 30 days or less, the coverage territory is extended to include all parts of the world if the insured's responsibility to pay damages is determined in a suit in the United States of America (including its territories and possessions), Puerto Rico or Canada or in a settlement we agree to.

M. Mental Anguish Coverage

The Definition of *bodily injury* is amended to include mental anguish.

N. Exclusions Applicable to Broad Form Electronic Equipment, Miscellaneous Equipment and Personal Property Coverages Extensions

We will not pay for *loss*:

1. Caused by theft, unless there are visible

signs or marks of forcible entry into the covered *auto* and the theft is reported to law enforcement authorities;

2. Caused by mysterious disappearance; or
3. Under Personal Property and Broad Form Electronics Coverage to:
 - a. Radar detection devices; or
 - b. Actual data and instructions converted to a form for use with electronic equipment, however maintained.

O. Deductible Applicable to Broad Form Electronic Equipment, Fuel in Vehicle, Miscellaneous Equipment Used With Covered Vehicle, Personal Property Coverages, and Electronic Logging Devices or Electronic On-Board Recorders

1. If *loss* to property covered by these extensions is the result of a *loss* to the covered *auto* under this Coverage Form's Comprehensive or Collision Coverage, then for each covered *auto* our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to *loss* to property covered by an extension caused by fire or lightning.
2. If *loss* to property covered by these extensions is the result of a *loss* to the covered *auto* under this Coverage Form's Specified Causes of Loss Coverage, then for each covered *auto* our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by a \$100 deductible.
3. In the event that there is more than one applicable deductible, only the highest deductible will apply. In no event will more than one deductible apply.

P. Coverage Extensions Definitions

1. "*Business income*" means the:
 - a. Net income (Net profit or loss before income taxes) that would have been earned or incurred if no *loss* would have occurred; and
 - b. Continuing normal operating expenses incurred, including payroll.
2. "*Electronic equipment*" includes any computer system, computer media, fax machine, satellite system, video monitoring system, cellular telephone, two-way radio or telephone, scanning monitor receiver, collision prevention system or GPS system. *Electronic equipment* includes any antennas, tapes, records, discs used with the *electronic equipment* and other accessories used to operate the equipment.

Because the following *electronic equipment* is insured elsewhere in this Coverage Form,

electronic equipment does not mean:

- a. Electronic equipment permanently installed in the location provided for such equipment by the original manufacturer of the *auto*; and
- b. Equipment designed to be operated solely by use of the power from the *auto*'s electrical system that, at the time of *loss*, is:
 - (1) Permanently installed in or upon the covered *auto*; or
 - (2) Removable from a housing unit which is permanently installed in or upon the covered *auto*.
- c. An integral part of the same unit housing any electronic equipment described in paragraphs b(1) and b(2) above; or
- d. Necessary for the normal operation of the covered *auto* or the monitoring of the covered *auto*'s operating system.

3. "*Extra expense*" means those expenses you incur to avoid or minimize the suspension of business and to continue your business operations.
4. "*Light truck*" means a truck with a gross vehicle weight of 10,000 pounds or less.
5. "*Miscellaneous equipment*" means hand trucks, dollies, pallets, pads, covers, binders, tarps, tie-downs, chains and other similar equipment used in the handling of property being transported.
6. "*Period of restoration*" means the period of time that:
 - a. Begins:
 - (1) Twenty-four hours after the time of *loss* for Rental Reimbursement Coverage or Business Income Coverage; or
 - (2) Immediately after the time of *loss* for Extra Expense Coverage; and
 - b. Ends at the earliest of:
 - (1) The time required to resume your normal business operations; or
 - (2) The time that is reasonably necessary to repair or replace the covered *auto*.

Period of restoration does not include any increased period required due to the enforcement of any ordinance or law that requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize or in any way respond to or assess the effects of pollutants.

The expiration date of this policy will not cut short the *period of restoration*.

POLICY NUMBER: ZD8863

MOTOR CARRIER ENDORSEMENT

CA-7274(8-19)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

For any operations you engage in as a *motor carrier*, the policy is changed as follows:

1. Who Is An Insured under Liability Coverage is replaced by the following:

1. Who Is An Insured

The following are *insureds*:

- a. You for any covered *auto*.
- b. Anyone else while using with your permission a covered *auto* you own, hire or borrow except:
 - (1) The owner, or any *employee*, agent or driver of the owner, or anyone else from whom you hire or borrow a covered *auto*.
 - (2) Your *employee* or agent if the covered *auto* is owned by that *employee* or agent or a member of his or her household.
 - (3) Someone using a covered *auto* while they are working in a business of selling, servicing, repairing or parking *autos* unless that business is yours.
 - (4) Anyone other than your *employees*, partners (if you are a partnership), members (if you are a limited liability company), a lessee or borrower of a covered *auto* or any of their *employees*, while moving property to or from a covered *auto*.
 - (5) A partner (if you are a partnership) or member (if you are a limited liability company) for a covered *auto* owned by him or her or a member of his or her household.

Applicable to Virginia only:

- (6) Your customers, if you are in the motor vehicle business. However, if a customer of yours:
 - (a) Has no other valid and collectible insurance applicable to the same *accident*, they are an *insured* but only up to the financial responsibility limits specified in Section 46.2-472 of the Code of Virginia.
 - (b) Has other valid and collectible insurance applicable to the

same *accident* less than the financial responsibility limits specified in Section 46.2-472, they are an *insured* only for the amount by which the financial responsibility law limits exceed the limits of their other insurance.

Motor vehicle business means the business of selling, leasing, repairing, servicing, storing or parking motor vehicles which are:

- (a) Used for demonstration purposes by a prospective purchaser;
- (b) Loaned or leased to another as a temporary substitute while such person's *auto* is being repaired or serviced; or
- (c) Leased to another for a period of six months or more.
- c. The owner or anyone else from whom you hire or borrow a covered *auto* that is a *trailer* while the *trailer* is connected to another covered *auto* that is a power unit, or, if not connected, is being used exclusively in your business.
- d. The lessor of a covered *auto* that is not a *trailer* or any *employee*, agent or driver of the lessor while the *auto* is leased to you under a written agreement if the written agreement between the lessor and you does not require the lessor to hold you harmless and then only when the leased *auto* is used in your business as a *motor carrier* for hire.
- e. Anyone liable for the conduct of an *insured* described above but only to the extent of that liability.

However, none of the following is an *insured*:

- a. Any *motor carrier* for hire or his or her agents or *employees*, other than you and your *employees*:
 - (1) If the *motor carrier* is subject to motor carrier insurance requirements and meets them by a means other than *auto* liability insurance.
 - (2) If the *motor carrier* is not insured for hired *auto* under an *auto* liability insurance form that insures on a primary basis the owners of the *auto* and their agents and *employees* while the *autos* are leased to that *motor carrier* and used in his or her business.

However, paragraph a above does not apply if you have leased an *auto* to the for-hire *motor carrier* under a written lease agreement in which you have held that *motor carrier* harmless.

- b. Any rail, water or air carrier or its employees or agents, other than you and your employees, for a *trailer* if *bodily injury or property damage* occurs while the *trailer* is detached from a covered *auto* you are using and:
 - (1) Is being transported by the carrier; or
 - (2) Is being loaded on or unloaded from any unit of transportation by the carrier.
- 2. Physical Damage Coverage is changed by adding the following exclusion:

We will not pay for loss to:

Any covered *auto* while in anyone else's possession under a written trailer interchange agreement. But this exclusion does not apply to a loss payee; however, if we pay the loss payee, you must reimburse us for our payment.
- 3. The Other Insurance Condition is replaced by the following:

5. Other Insurance - Primary And Excess Insurance Provisions

- a. While any covered *auto* is hired or borrowed from you by another *motor carrier*, this Coverage Form's Covered Autos Liability Coverage is:
 - (1) Primary if a written agreement between you as the lessor and the other *motor carrier* as the lessee requires you to hold the lessee harmless.
 - (2) Excess over any other collectible insurance if a written agreement between you as the lessor and the other *motor carrier* as the lessee does not require you to hold the lessee harmless.
- b. While any covered *auto* is hired or borrowed by you from another *motor carrier*, this Coverage Form's Liability Coverage is:
 - (1) Primary if a written agreement between the other *motor carrier* as the lessor and you as the lessee does not require the lessor to hold you harmless, and then only while the covered *auto* is used exclusively in your business as a *motor carrier* for

hire.

- (2) Excess over any other collectible insurance if a written agreement between the other *motor carrier* as the lessor and you as the lessee requires the lessor to hold you harmless.
- c. While a covered *auto* which is a *trailer* is connected to a power unit, this Coverage Form's Liability Coverage is:
 - (1) Provided on the same basis, either primary or excess, as the Covered Autos Liability Coverage provided for the power unit if the power unit is a covered *auto*.
 - (2) Excess if the power unit is not a covered *auto*.
- d. Any Trailer Interchange Coverage provided by this Coverage Form is primary for any covered *auto*.
- e. Except as provided in paragraphs a, b, c and d above, this Coverage Form provides primary insurance for any covered *auto* you own and excess insurance for any covered *auto* you don't own.
- f. Applicable to all states except Virginia:

For Hired Auto Physical Damage Coverage, any covered *auto* you lease, hire, rent or borrow is deemed to be a covered *auto* you own. However, any *auto* that is leased, hired, rented or borrowed with a driver is not a covered *auto*.

Applicable to Virginia only:

For Hired Auto Physical Damage Coverage, any covered *auto* you lease, hire, rent or borrow is deemed to be a covered *auto* you own. However, any *auto* that is leased, hired, rented or borrowed with a driver is deemed to be a covered *auto* you don't own.
- g. Regardless of the provisions of paragraphs a, b, c, d and e above, this Coverage Form's Liability Coverage is primary for any liability assumed under an *insured contract*.
- h. When this Coverage Form and any other Coverage Form or policy cover on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage

Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

4. Additional Definitions

As used in this endorsement:

a. "Motor carrier" means a person or organization providing transportation by

auto in the furtherance of a commercial enterprise.

b. "Trailer" includes a semitrailer or a dolly used to convert a semitrailer into a trailer. But for Trailer Interchange Coverage only, *trailer* also includes a container.

SCHEDULE

PHYSICAL DAMAGE COVERAGE

The Physical Damage Coverage exclusion in paragraph 2 of this endorsement is removed for each of the following coverages:

Coverages

STATED AMOUNT INSURANCE

CA-9928F(10-13)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE COVERAGE FORM

MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by the endorsement.

Note: The amount shown in the Declarations is not necessarily the amount you will receive at the time of loss for the described property. Please refer to the Limit of Insurance and Deductible provisions which follow.

1. This endorsement provides only those coverages where a premium is shown in the Declarations. Each of these coverages applies only to the vehicles shown as covered *autos*.
2. For each covered *auto*, the Physical Damage Coverage Limit of Insurance is replaced by the following:

Limit of Insurance

- a. The most we will pay for loss to any one covered *auto* is the least of the following amounts:
 - (1) The actual cash value of the damaged or stolen property as of the time of the loss;
 - (2) The cost of repairing or replacing the damaged or stolen property; or

(3) The Limit of Insurance shown in the Declarations.

- b. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total loss.
- c. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

3. Deductible

- a. For each covered *auto*, our obligation to pay:
 - (1) The actual cash value of the damaged or stolen property as of the time of the loss will be reduced by the applicable deductible shown in the Declarations;
 - (2) The cost of repairing or replacing the damaged or stolen property with property of like kind and quality will be reduced by the applicable deductible shown in the Declarations; or
 - (3) The damages for loss that would otherwise be payable will be reduced by the applicable deductible shown in the Declarations prior to the application of the Limit of Insurance shown in the Declarations.
- b. Any Comprehensive Coverage Deductible shown in the Declarations does not apply to loss caused by fire or lightning.

COMMON POLICY CONDITIONS

IL-0017F(11-98)

All Coverage Parts included in this policy are subject to the following conditions.

A. CANCELLATION

1. The First Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the First Named Insured written notice of cancellation at least:
 - a. Ten days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. Thirty days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the First Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the First Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the First Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. CHANGES

This policy contains all the agreements between you and us concerning the insurance afforded. The First Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. EXAMINATION OF YOUR BOOKS AND RECORDS

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. INSPECTIONS AND SURVEYS

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.
3. Paragraphs 1 and 2 of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
4. Paragraph 2 of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. PREMIUMS

The First Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative, but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

NUCLEAR ENERGY LIABILITY EXCLUSION - BROAD FORM

IL-0021F(3-14)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

COMMERCIAL GENERAL LIABILITY COVERAGE PART

DIRECTORS' AND OFFICERS' LIABILITY COVERAGE PART

EMPLOYEE BENEFITS LIABILITY COVERAGE PART

ERRORS AND OMISSIONS COVERAGE PART

FARM COVERAGE PART

LIQUOR LIABILITY COVERAGE FORM

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM

POLLUTION LIABILITY COVERAGE FORM

PRODUCT WITHDRAWAL COVERAGE PART

PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM

RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

1. The insurance does not apply:

a. Under any Liability Coverage to *bodily injury* or *property damage*:

(1) With respect to which an *insured* under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or

(2) Resulting from the *hazardous properties* of *nuclear material* and with respect to which:

(a) Any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954 or any law amendatory thereof; or

(b) The insured is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

b. Under any Medical Payments coverage, to expenses incurred with respect to *bodily injury* resulting from the *hazardous properties* of *nuclear material* and arising out of the operation of a *nuclear facility* by any person or organization.

c. Under any Liability Coverage, to *bodily injury* or *property damage* resulting from the *hazardous properties* of *nuclear material*, if:

(1) The *nuclear material*:

- (a) Is at any *nuclear facility* owned by, or operated by or on behalf of, an *insured*; or
- (b) Has been discharged or dispersed therefrom.

(2) The *nuclear material* is contained in *spent fuel* or *waste* at any time possessed, handled, used, processed, stored, transported or disposed of by or on behalf of an *insured*; or

(3) The *bodily injury* or *property damage* arises out of the furnishing by an *insured* of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any *nuclear facility*, but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to *property damage* to such *nuclear facility* and any property thereat.

2. As used in this endorsement:

- a. "*Hazardous properties*" include radioactive, toxic or explosive properties.
- b. "*Nuclear material*" means *source material*, *special nuclear material* or *byproduct material*.
- c. "*Source material*," "*special nuclear material*" and "*byproduct material*" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.
- d. "*Spent fuel*" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a *nuclear reactor*.
- e. "*Waste*" means any waste material:
 - (1) Containing *byproducts material* other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its *source material* content; and
 - (2) Resulting from the operation by any person or organization of any *nuclear facility* included under the first two paragraphs of the definition of *nuclear facility*.
- f. "*Nuclear facility*" means:
 - (1) Any *nuclear reactor*;
 - (2) Any equipment or device designed or used for:
 - (a) Separating the isotopes of uranium or plutonium;
 - (b) Processing or utilizing *spent fuel*; or

- (c) Handling, processing or packaging waste.
- (3) Any equipment or device used for the processing, fabricating or alloying of *special nuclear material* if at any time the total amount of such material in the custody of the *insured* at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235.
- (4) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of waste; and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.
- g. "Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.
- h. "Property damage" includes all forms of radioactive contamination of property.

ASBESTOS EXCLUSION

IL-7012(3-14)

This endorsement modifies insurance provided under the following:

BIS-PAK® BUSINESS LIABILITY AND MEDICAL EXPENSE COVERAGE FORM
COMMERCIAL AUTO COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DIRECTORS' AND OFFICERS' LIABILITY COVERAGE PART
EMPLOYEE BENEFITS LIABILITY COVERAGE PART
ERRORS AND OMISSIONS COVERAGE PART
GARAGE COVERAGE FORM
LIQUOR LIABILITY COVERAGE FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM
POLLUTION LIABILITY COVERAGE FORM

PRODUCT WITHDRAWAL COVERAGE PART
PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM
RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

The following exclusion is added:

Asbestos

This insurance does not apply to any *bodily injury* or *property damage* arising out of activities related to, but not limited to, manufacture, mining, storage, distribution, installation, sale, use, exposure to, service, testing for, repair, containment or removal of asbestos, asbestos fibers, asbestos dust, or products containing asbestos.



Acuity, A Mutual Insurance Company

**COMMERCIAL AUTO
CHANGES**

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Change Effective Date: 09-28-20

PREMIUM SUMMARY

This is not a bill. If premium is due, a billing notice will be sent separately.

Additional Premium Applied to Your Balance\$ [REDACTED]
Direct Billed

CHANGES:

ADDED 2007 BENSON TRUCK BODIES TRAILER 5DMFABTB67C001304
ADDED SECURITY BANK OF THE OZARKS AS LOSS PAYEE/LIENHOLDER TO 1
VEHICLE



COMMERCIAL AUTO
COVERAGE PART

Acuity Edge Business Auto Amended Declarations

Item One

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 09-28-20
Expiration Date: 09-16-21

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those *autos* shown as covered *autos* by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7, 19	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Estimated Schedule Premium			[REDACTED]

PREMIUM SUMMARY

Estimated Schedule Premium

[REDACTED]

Estimated Endorsement Premium

[REDACTED]

Estimated Advance Premium

[REDACTED]

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CA-0001F(8-19)	Business Auto Coverage Form	
CA-0165F(7-16)	Missouri Changes	
CA-0166R(3-06)	Missouri Changes - Pollution Exclusion	
CA-0219F(1-16)	Missouri Changes - Cancellation and Nonrenewal	
CA-2104F(10-12)	Missouri Uninsured Motorists Coverage	
CA-2151F(10-13)	Split Bodily Injury Underinsured Motorists Coverage Limits	
CA-2156F(4-01)	Missouri Split Uninsured Motorists Coverage Limits	
CA-2345F(11-16)	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion	
CA-2384F(10-13)	Exclusion of Terrorism	
CA-3104F(8-18)	Missouri Underinsured Motorists Coverage	
CA-7015(8-17)	Form F Uniform Motor Carrier Bodily Injury and Property Damage Liability End.	
CA-7016(7-97)	Covered Auto Symbols Endorsement - Truckers	
CA-7027(12-93)	Loss Payable Clause	
CA-7100(8-17)	End. for Motor Carrier Policies of Insurance for Public Liability Form MCS-90	
CA-7210(10-98)	Additional Insured - Designated Person or Organization - Primary	
CA-7213(10-98)	Add'l Insd - Automatic Status When Required in a Written Agreement With You	
CA-7260(11-15)	Truckers' Enhancements	[REDACTED]
CA-7274(8-19)	Motor Carrier Endorsement	
CA-9928F(10-13)	Stated Amount Insurance	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(3-14)	Asbestos Exclusion	

Estimated Endorsement Premium [REDACTED]

Item Three: SCHEDULE OF COVERAGES AND PREMIUM DETAIL

Unit 0014	2007 BENSON TRUCK BODIES TRAILER	Class: 67621
VIN: 5DMFABTB67C001304		State: MO Zip: 65588
Coverage	Limits/Deductible	Premium [REDACTED]
Liability	\$1,000,000 each accident	[REDACTED]
Comprehensive	Actual cash value minus \$1,000 deductible	[REDACTED]
Collision	Actual cash value minus \$1,000 deductible	[REDACTED]
Total Premium		[REDACTED]

POLICY NUMBER: ZD8863

LOSS PAYABLE CLAUSE

CA-7027(12-93)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. We will pay, as interest may appear, you and the loss payee named in the Schedule for *loss* to a covered *auto*.
2. The insurance covers the interest of the loss payee unless the *loss* results from conversion, secretion or embezzlement on your part.

3. CANCELLATION

- a. If we cancel the policy for any reason other than nonpayment of premium, we will mail notice to the loss payee in accordance with the Cancellation Common Policy Condition.
- b. If the policy is cancelled due to nonpayment of premium, we will mail to the loss payee, a copy of the policy lapse notice we send the insured.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. Cancellation ends this agreement.

4. If we make any payment to the loss payee, we will obtain their rights against any other party.

SCHEDULE

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Company Name and Address:

Acuity, A Mutual Insurance Company
2800 South Taylor Drive
PO Box 58
Sheboygan, WI 53082-0058

Loss Payee (Name and Address)

SECURITY BANK OF THE OZARKS
PO BOX 305
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 09-28-20

Expiration Date: 09-16-21

Unit Number	Model Year	Description of Applicable Vehicles	
		Vehicle Description	ID Number
0001	2001	PETERBILT 379	1XP5DB9X61N537321
0002	2004	PETERBILT 379	1XP5DB9X24N826426
0003	2001	PETERBILT 379	1XP5DB9X61D550530
0004	2004	PETERBILT 379	1XP5DB9XX4D818743
0005	2007	REITNOUER TRAILER	1RNF48A297R017010
0006	2007	REITNOUER TRAILER	1RNF48A227R018676
0007	2013	REITNOUER TRAILER	1RNF48A28DR028253
0009	2014	REITNOUER TRAILER	1RNF48A24ER031393
0012	1998	PETERBILT 379	1XP5DB9X3WN445039
0013	2020	PITTS ENTERPRISES TRAILER	5JYLT4022LPP19762
0014	2007	BENSON TRUCK BODIES TRAILER	5DMFABTB67C001304

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0001	\$1,000		\$1,000
0002	\$1,000		\$1,000
0003	\$1,000		\$1,000

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0004	\$1,000		\$1,000
0005	\$1,000		\$1,000
0006	\$1,000		\$1,000
0007	\$1,000		\$1,000
0009	\$1,000		\$1,000
0012	\$1,000		\$1,000
0013	\$1,000		\$1,000
0014	\$1,000		\$1,000



Acuity, A Mutual Insurance Company

**COMMERCIAL AUTO
CHANGES**

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Change Effective Date: 10-29-20

PREMIUM SUMMARY

This is not a bill. If premium is due, a billing notice will be sent separately.

Additional Premium Applied to Your Balance\$ [REDACTED]
Direct Billed

CHANGES:

ADDED 2005 PETERBILT 379 1XP5DB9X75D854651

ADDED SECURITY BANK OF THE OZARKS AS LOSS PAYEE/LIENHOLDER TO 1
VEHICLE



COMMERCIAL AUTO
COVERAGE PART

Acuity Edge Business Auto Amended Declarations

Item One

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 10-29-20
Expiration Date: 09-16-21

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those *autos* shown as covered *autos* by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7, 19	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]

Estimated Schedule Premium

[REDACTED]

PREMIUM SUMMARY

Estimated Schedule Premium

[REDACTED]

Estimated Endorsement Premium

[REDACTED]

Estimated Advance Premium

[REDACTED]

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CA-0001F(8-19)	Business Auto Coverage Form	
CA-0165F(7-16)	Missouri Changes	
CA-0166R(3-06)	Missouri Changes - Pollution Exclusion	
CA-0219F(1-16)	Missouri Changes - Cancellation and Nonrenewal	
CA-2104F(10-12)	Missouri Uninsured Motorists Coverage	
CA-2151F(10-13)	Split Bodily Injury Underinsured Motorists Coverage Limits	
CA-2156F(4-01)	Missouri Split Uninsured Motorists Coverage Limits	
CA-2345F(11-16)	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion	
CA-2384F(10-13)	Exclusion of Terrorism	
CA-3104F(8-18)	Missouri Underinsured Motorists Coverage	
CA-7015(8-17)	Form F Uniform Motor Carrier Bodily Injury and Property Damage Liability End.	
CA-7016(7-97)	Covered Auto Symbols Endorsement - Truckers	
CA-7027(12-93)	Loss Payable Clause	
CA-7100(8-17)	End. for Motor Carrier Policies of Insurance for Public Liability Form MCS-90	
CA-7210(10-98)	Additional Insured - Designated Person or Organization - Primary	
CA-7213(10-98)	Add'l Insd - Automatic Status When Required in a Written Agreement With You	
CA-7260(11-15)	Truckers' Enhancements	
CA-7274(8-19)	Motor Carrier Endorsement	
CA-9928F(10-13)	Stated Amount Insurance	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(3-14)	Asbestos Exclusion	

Estimated Endorsement Premium

Item Three: SCHEDULE OF COVERAGES AND PREMIUM DETAIL

Unit 0015 2005 PETERBILT 379	Class: 50621
VIN: 1XP5DB9X75D854651	State: MO Zip: 65588
Coverage	Limits/Deductible
Liability	\$1,000,000 each accident
Uninsured Motorists Bodily Injury	\$50,000 each person \$50,000 each accident
Underinsured Motorists	\$50,000 each person \$50,000 each accident
Comprehensive	Actual cash value minus \$1,000 deductible
Collision	Actual cash value minus \$1,000 deductible
Total Premium	

POLICY NUMBER: ZD8863

LOSS PAYABLE CLAUSE

CA-7027(12-93)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. We will pay, as interest may appear, you and the loss payee named in the Schedule for *loss* to a covered *auto*.
2. The insurance covers the interest of the loss payee unless the *loss* results from conversion, secretion or embezzlement on your part.

3. CANCELLATION

- a. If we cancel the policy for any reason other than nonpayment of premium, we will mail notice to the loss payee in accordance with the Cancellation Common Policy Condition.
- b. If the policy is cancelled due to nonpayment of premium, we will mail to the loss payee, a copy of the policy lapse notice we send the insured.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. Cancellation ends this agreement.

4. If we make any payment to the loss payee, we will obtain their rights against any other party.

SCHEDULE

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Company Name and Address:

Acuity, A Mutual Insurance Company
2800 South Taylor Drive
PO Box 58
Sheboygan, WI 53082-0058

Loss Payee (Name and Address)

SECURITY BANK OF THE OZARKS
PO BOX 305
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 10-29-20

Expiration Date: 09-16-21

Unit Number	Model Year	Description of Applicable Vehicles	
		Vehicle Description	ID Number
0001	2001	PETERBILT 379	1XP5DB9X61N537321
0002	2004	PETERBILT 379	1XP5DB9X24N826426
0003	2001	PETERBILT 379	1XP5DB9X61D550530
0004	2004	PETERBILT 379	1XP5DB9XX4D818743
0005	2007	REITNOUER TRAILER	1RNF48A297R017010
0006	2007	REITNOUER TRAILER	1RNF48A227R018676
0007	2013	REITNOUER TRAILER	1RNF48A28DR028253
0009	2014	REITNOUER TRAILER	1RNF48A24ER031393
0012	1998	PETERBILT 379	1XP5DB9X3WN445039
0013	2020	PITTS ENTERPRISES TRAILER	5JYLT4022LPP19762
0014	2007	BENSON TRUCK BODIES TRAILER	5DMFABTB67C001304
0015	2005	PETERBILT 379	1XP5DB9X75D854651

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0001	\$1,000		\$1,000
0002	\$1,000		\$1,000

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0003	\$1,000		\$1,000
0004	\$1,000		\$1,000
0005	\$1,000		\$1,000
0006	\$1,000		\$1,000
0007	\$1,000		\$1,000
0009	\$1,000		\$1,000
0012	\$1,000		\$1,000
0013	\$1,000		\$1,000
0014	\$1,000		\$1,000
0015	\$1,000		\$1,000



Acuity, A Mutual Insurance Company

**COMMERCIAL AUTO
CHANGES**

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Change Effective Date: 03-15-21

PREMIUM SUMMARY

This is not a bill. If premium is due, a billing notice will be sent separately.

Additional Premium Applied to Your Balance\$ [REDACTED]
Direct Billed

CHANGES:

ADDED 2004 PETERBILT 379 1XP5DB9X54D823154

ADDED SECURITY BANK OF THE OZARKS AS LOSS PAYEE/LIENHOLDER TO 1
VEHICLE



COMMERCIAL AUTO
COVERAGE PART

Acuity Edge Business Auto Amended Declarations

Item One

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 03-15-21
Expiration Date: 09-16-21

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those *autos* shown as covered *autos* by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7, 19	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Estimated Schedule Premium			[REDACTED]

PREMIUM SUMMARY

Estimated Schedule Premium

[REDACTED]

Estimated Endorsement Premium

[REDACTED]

Estimated Advance Premium

[REDACTED]

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CA-0001F(8-19)	Business Auto Coverage Form	
CA-0165F(7-16)	Missouri Changes	
CA-0166R(3-06)	Missouri Changes - Pollution Exclusion	
CA-0219F(1-16)	Missouri Changes - Cancellation and Nonrenewal	
CA-2104F(10-12)	Missouri Uninsured Motorists Coverage	
CA-2151F(10-13)	Split Bodily Injury Underinsured Motorists Coverage Limits	
CA-2156F(4-01)	Missouri Split Uninsured Motorists Coverage Limits	
CA-2345F(11-16)	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion	
CA-2384F(10-13)	Exclusion of Terrorism	
CA-3104F(8-18)	Missouri Underinsured Motorists Coverage	
CA-7015(8-17)	Form F Uniform Motor Carrier Bodily Injury and Property Damage Liability End.	
CA-7016(7-97)	Covered Auto Symbols Endorsement - Truckers	
CA-7027(12-93)	Loss Payable Clause	
CA-7100(8-17)	End. for Motor Carrier Policies of Insurance for Public Liability Form MCS-90	
CA-7210(10-98)	Additional Insured - Designated Person or Organization - Primary	
CA-7213(10-98)	Add'l Insd - Automatic Status When Required in a Written Agreement With You	
CA-7260(11-15)	Truckers' Enhancements	[REDACTED]
CA-7274(8-19)	Motor Carrier Endorsement	
CA-9928F(10-13)	Stated Amount Insurance	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(3-14)	Asbestos Exclusion	

Estimated Endorsement Premium [REDACTED]

Item Three: SCHEDULE OF COVERAGES AND PREMIUM DETAIL

Unit 0016 2004 PETERBILT 379 VIN: 1XP5DB9X54D823154	Class: 50621 State: MO Zip: 65588
Coverage	Limits/Deductible
Liability	\$1,000,000 each accident
Uninsured Motorists Bodily Injury	\$50,000 each person \$50,000 each accident
Underinsured Motorists	\$50,000 each person \$50,000 each accident
Comprehensive	Actual cash value minus \$1,000 deductible
Collision	Actual cash value minus \$1,000 deductible
Total Premium	[REDACTED]

POLICY NUMBER: ZD8863

LOSS PAYABLE CLAUSE

CA-7027(12-93)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE COVERAGE FORM

MOTOR CARRIER COVERAGE FORM

TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. We will pay, as interest may appear, you and the loss payee named in the Schedule for *loss* to a covered *auto*.
2. The insurance covers the interest of the loss payee unless the *loss* results from conversion, secretion or embezzlement on your part.

3. CANCELLATION

- a. If we cancel the policy for any reason other than nonpayment of premium, we will mail notice to the loss payee in accordance with the Cancellation Common Policy Condition.
- b. If the policy is cancelled due to nonpayment of premium, we will mail to the loss payee, a copy of the policy lapse notice we send the insured.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. Cancellation ends this agreement.

4. If we make any payment to the loss payee, we will obtain their rights against any other party.

SCHEDULE

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Company Name and Address:

Acuity, A Mutual Insurance Company
2800 South Taylor Drive
PO Box 58
Sheboygan, WI 53082-0058

Loss Payee (Name and Address)

SECURITY BANK OF THE OZARKS
PO BOX 305
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 03-15-21

Expiration Date: 09-16-21

Unit Number	Model Year	Description of Applicable Vehicles	
		Vehicle Description	ID Number
0001	2001	PETERBILT 379	1XP5DB9X61N537321
0002	2004	PETERBILT 379	1XP5DB9X24N826426
0003	2001	PETERBILT 379	1XP5DB9X61D550530
0004	2004	PETERBILT 379	1XP5DB9XX4D818743
0005	2007	REITNOUER TRAILER	1RNF48A297R017010
0006	2007	REITNOUER TRAILER	1RNF48A227R018676
0007	2013	REITNOUER TRAILER	1RNF48A28DR028253
0009	2014	REITNOUER TRAILER	1RNF48A24ER031393
0012	1998	PETERBILT 379	1XP5DB9X3WN445039
0013	2020	PITTS ENTERPRISES TRAILER	5JYLT4022LPP19762
0014	2007	BENSON TRUCK BODIES TRAILER	5DMFABTB67C001304
0015	2005	PETERBILT 379	1XP5DB9X75D854651
0016	2004	PETERBILT 379	1XP5DB9X54D823154

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0001	\$1,000		\$1,000

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0002	\$1,000		\$1,000
0003	\$1,000		\$1,000
0004	\$1,000		\$1,000
0005	\$1,000		\$1,000
0006	\$1,000		\$1,000
0007	\$1,000		\$1,000
0009	\$1,000		\$1,000
0012	\$1,000		\$1,000
0013	\$1,000		\$1,000
0014	\$1,000		\$1,000
0015	\$1,000		\$1,000
0016	\$1,000		\$1,000



Acuity, A Mutual Insurance Company

**COMMERCIAL AUTO
CHANGES**

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Change Effective Date: 03-24-21

PREMIUM SUMMARY

This is not a bill. If premium is due, a billing notice will be sent separately.

Additional Premium Applied to Your Balance\$ [REDACTED]
Direct Billed

CHANGES:

ADDED 2016 REITNOUER TRAILER 1RNF48A22GR034196
ADDED SECURITY BANK OF THE OZARKS AS LOSS PAYEE/LIENHOLDER TO 1
VEHICLE



COMMERCIAL AUTO
COVERAGE PART

Acuity Edge Business Auto Amended Declarations

Item One

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 03-24-21
Expiration Date: 09-16-21

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those *autos* shown as covered *autos* by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7, 19	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Estimated Schedule Premium			[REDACTED]

PREMIUM SUMMARY

Estimated Schedule Premium

[REDACTED]

Estimated Endorsement Premium

[REDACTED]

Estimated Advance Premium

[REDACTED]

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CA-0001F(8-19)	Business Auto Coverage Form	
CA-0165F(7-16)	Missouri Changes	
CA-0166R(3-06)	Missouri Changes - Pollution Exclusion	
CA-0219F(1-16)	Missouri Changes - Cancellation and Nonrenewal	
CA-2104F(10-12)	Missouri Uninsured Motorists Coverage	
CA-2151F(10-13)	Split Bodily Injury Underinsured Motorists Coverage Limits	
CA-2156F(4-01)	Missouri Split Uninsured Motorists Coverage Limits	
CA-2345F(11-16)	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion	
CA-2384F(10-13)	Exclusion of Terrorism	
CA-3104F(8-18)	Missouri Underinsured Motorists Coverage	
CA-7015(8-17)	Form F Uniform Motor Carrier Bodily Injury and Property Damage Liability End.	
CA-7016(7-97)	Covered Auto Symbols Endorsement - Truckers	
CA-7027(12-93)	Loss Payable Clause	
CA-7100(8-17)	End. for Motor Carrier Policies of Insurance for Public Liability Form MCS-90	
CA-7210(10-98)	Additional Insured - Designated Person or Organization - Primary	
CA-7213(10-98)	Add'l Insd - Automatic Status When Required in a Written Agreement With You	
CA-7260(11-15)	Truckers' Enhancements	[REDACTED]
CA-7274(8-19)	Motor Carrier Endorsement	
CA-9928F(10-13)	Stated Amount Insurance	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(3-14)	Asbestos Exclusion	

Estimated Endorsement Premium [REDACTED]

Item Three: SCHEDULE OF COVERAGES AND PREMIUM DETAIL

Unit 0017	2016 REITNOUER TRAILER	Class: 67621
VIN: 1RNF48A22GR034196		State: MO Zip: 65588
Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	[REDACTED]
Comprehensive	Actual cash value minus \$1,000 deductible	[REDACTED]
Collision	Actual cash value minus \$1,000 deductible	[REDACTED]
Total Premium		[REDACTED]

POLICY NUMBER: ZD8863

LOSS PAYABLE CLAUSE

CA-7027(12-93)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. We will pay, as interest may appear, you and the loss payee named in the Schedule for *loss* to a covered *auto*.
2. The insurance covers the interest of the loss payee unless the *loss* results from conversion, secretion or embezzlement on your part.

3. CANCELLATION

- a. If we cancel the policy for any reason other than nonpayment of premium, we will mail notice to the loss payee in accordance with the Cancellation Common Policy Condition.
- b. If the policy is cancelled due to nonpayment of premium, we will mail to the loss payee, a copy of the policy lapse notice we send the insured.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. Cancellation ends this agreement.

4. If we make any payment to the loss payee, we will obtain their rights against any other party.

SCHEDULE

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Company Name and Address:

Acuity, A Mutual Insurance Company
2800 South Taylor Drive
PO Box 58
Sheboygan, WI 53082-0058

Loss Payee (Name and Address)

SECURITY BANK OF THE OZARKS
PO BOX 305
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 03-24-21

Expiration Date: 09-16-21

Unit Number	Model Year	Description of Applicable Vehicles	
		Vehicle Description	ID Number
0001	2001	PETERBILT 379	1XP5DB9X61N537321
0002	2004	PETERBILT 379	1XP5DB9X24N826426
0003	2001	PETERBILT 379	1XP5DB9X61D550530
0004	2004	PETERBILT 379	1XP5DB9XX4D818743
0005	2007	REITNOUER TRAILER	1RNF48A297R017010
0006	2007	REITNOUER TRAILER	1RNF48A227R018676
0007	2013	REITNOUER TRAILER	1RNF48A28DR028253
0009	2014	REITNOUER TRAILER	1RNF48A24ER031393
0012	1998	PETERBILT 379	1XP5DB9X3WN445039
0013	2020	PITTS ENTERPRISES TRAILER	5JYLT4022LPP19762
0014	2007	BENSON TRUCK BODIES TRAILER	5DMFABTB67C001304
0015	2005	PETERBILT 379	1XP5DB9X75D854651
0016	2004	PETERBILT 379	1XP5DB9X54D823154
0017	2016	REITNOUER TRAILER	1RNF48A22GR034196

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0001	\$1,000		\$1,000
0002	\$1,000		\$1,000
0003	\$1,000		\$1,000
0004	\$1,000		\$1,000
0005	\$1,000		\$1,000
0006	\$1,000		\$1,000
0007	\$1,000		\$1,000
0009	\$1,000		\$1,000
0012	\$1,000		\$1,000
0013	\$1,000		\$1,000
0014	\$1,000		\$1,000
0015	\$1,000		\$1,000
0016	\$1,000		\$1,000
0017	\$1,000		\$1,000



Acuity, A Mutual Insurance Company

**COMMERCIAL AUTO
CHANGES**

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Change Effective Date: 03-25-21

PREMIUM SUMMARY

This is not a bill. If premium is due, a billing notice will be sent separately.

Additional Premium Applied to Your Balance \$ [REDACTED]
Direct Billed

CHANGES:

ADDED 2021 REITNOUER TRAILER 1RNF48A2XMR051193



COMMERCIAL AUTO
COVERAGE PART

Acuity Edge Business Auto Amended Declarations

Item One

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 03-25-21
Expiration Date: 09-16-21

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those *autos* shown as covered *autos* by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7, 19	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]

Estimated Schedule Premium

[REDACTED]

PREMIUM SUMMARY

Estimated Schedule Premium

[REDACTED]

Estimated Endorsement Premium

[REDACTED]

Estimated Advance Premium

[REDACTED]

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CA-0001F(8-19)	Business Auto Coverage Form	
CA-0165F(7-16)	Missouri Changes	
CA-0166R(3-06)	Missouri Changes - Pollution Exclusion	
CA-0219F(1-16)	Missouri Changes - Cancellation and Nonrenewal	
CA-2104F(10-12)	Missouri Uninsured Motorists Coverage	
CA-2151F(10-13)	Split Bodily Injury Underinsured Motorists Coverage Limits	
CA-2156F(4-01)	Missouri Split Uninsured Motorists Coverage Limits	
CA-2345F(11-16)	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion	
CA-2384F(10-13)	Exclusion of Terrorism	
CA-3104F(8-18)	Missouri Underinsured Motorists Coverage	
CA-7015(8-17)	Form F Uniform Motor Carrier Bodily Injury and Property Damage Liability End.	
CA-7016(7-97)	Covered Auto Symbols Endorsement - Truckers	
CA-7027(12-93)	Loss Payable Clause	
CA-7100(8-17)	End. for Motor Carrier Policies of Insurance for Public Liability Form MCS-90	
CA-7210(10-98)	Additional Insured - Designated Person or Organization - Primary	
CA-7213(10-98)	Add'l Insd - Automatic Status When Required in a Written Agreement With You	
CA-7260(11-15)	Truckers' Enhancements	
CA-7274(8-19)	Motor Carrier Endorsement	
CA-9928F(10-13)	Stated Amount Insurance	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(3-14)	Asbestos Exclusion	
Estimated Endorsement Premium		

Item Three: SCHEDULE OF COVERAGES AND PREMIUM DETAIL

Unit 0018	2021 REITNOUER TRAILER	Class: 67621
VIN: 1RNF48A2XMR051193		State: MO Zip: 65588
Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	
Comprehensive	Actual cash value minus \$1,000 deductible	
Collision	Actual cash value minus \$1,000 deductible	
Total Premium		



Acuity, A Mutual Insurance Company

**COMMERCIAL AUTO
CHANGES**

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Change Effective Date: 06-09-21

PREMIUM SUMMARY

This is not a bill. If premium is due, a billing notice will be sent separately.

Additional Premium Applied to Your Balance\$ [REDACTED]
Direct Billed

CHANGES:

ADDED 2005 PETERBILT 379 1XP5DB9X05N849852

ADDED SECURITY BANK OF THE OZARKS AS LOSS PAYEE/LIENHOLDER TO 1
VEHICLE



COMMERCIAL AUTO
COVERAGE PART

Acuity Edge Business Auto Amended Declarations

Item One

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 06-09-21
Expiration Date: 09-16-21

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those *autos* shown as covered *autos* by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7, 19	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]

Estimated Schedule Premium

[REDACTED]

PREMIUM SUMMARY

Estimated Schedule Premium

[REDACTED]

Estimated Endorsement Premium

[REDACTED]

Estimated Advance Premium

[REDACTED]

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CA-0001F(8-19)	Business Auto Coverage Form	
CA-0165F(7-16)	Missouri Changes	
CA-0166R(3-06)	Missouri Changes - Pollution Exclusion	
CA-0219F(1-16)	Missouri Changes - Cancellation and Nonrenewal	
CA-2104F(10-12)	Missouri Uninsured Motorists Coverage	
CA-2151F(10-13)	Split Bodily Injury Underinsured Motorists Coverage Limits	
CA-2156F(4-01)	Missouri Split Uninsured Motorists Coverage Limits	
CA-2345F(11-16)	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion	
CA-2384F(10-13)	Exclusion of Terrorism	
CA-3104F(8-18)	Missouri Underinsured Motorists Coverage	
CA-7015(8-17)	Form F Uniform Motor Carrier Bodily Injury and Property Damage Liability End.	
CA-7016(7-97)	Covered Auto Symbols Endorsement - Truckers	
CA-7027(12-93)	Loss Payable Clause	
CA-7100(8-17)	End. for Motor Carrier Policies of Insurance for Public Liability Form MCS-90	
CA-7210(10-98)	Additional Insured - Designated Person or Organization - Primary	
CA-7213(10-98)	Add'l Insd - Automatic Status When Required in a Written Agreement With You	
CA-7260(11-15)	Truckers' Enhancements	
CA-7274(8-19)	Motor Carrier Endorsement	
CA-9928F(10-13)	Stated Amount Insurance	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(3-14)	Asbestos Exclusion	

Estimated Endorsement Premium

Item Three: SCHEDULE OF COVERAGES AND PREMIUM DETAIL

Unit 0019 2005 PETERBILT 379	Class: 50621
VIN: 1XP5DB9X05N849852	State: MO Zip: 65588
Coverage	Limits/Deductible
Liability	\$1,000,000 each accident
Uninsured Motorists Bodily Injury	\$50,000 each person \$50,000 each accident
Underinsured Motorists	\$50,000 each person \$50,000 each accident
Comprehensive	Actual cash value minus \$1,000 deductible
Collision	Actual cash value minus \$1,000 deductible
Total Premium	

POLICY NUMBER: ZD8863

LOSS PAYABLE CLAUSE

CA-7027(12-93)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. We will pay, as interest may appear, you and the loss payee named in the Schedule for *loss* to a covered *auto*.
2. The insurance covers the interest of the loss payee unless the *loss* results from conversion, secretion or embezzlement on your part.

3. CANCELLATION

- a. If we cancel the policy for any reason other than nonpayment of premium, we will mail notice to the loss payee in accordance with the Cancellation Common Policy Condition.
- b. If the policy is cancelled due to nonpayment of premium, we will mail to the loss payee, a copy of the policy lapse notice we send the insured.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. Cancellation ends this agreement.

4. If we make any payment to the loss payee, we will obtain their rights against any other party.

SCHEDULE

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Company Name and Address:

Acuity, A Mutual Insurance Company
2800 South Taylor Drive
PO Box 58
Sheboygan, WI 53082-0058

Loss Payee (Name and Address)

SECURITY BANK OF THE OZARKS
PO BOX 305
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 06-09-21

Expiration Date: 09-16-21

Unit Number	Model Year	Description of Applicable Vehicles	
		Vehicle Description	ID Number
0001	2001	PETERBILT 379	1XP5DB9X61N537321
0002	2004	PETERBILT 379	1XP5DB9X24N826426
0003	2001	PETERBILT 379	1XP5DB9X61D550530
0004	2004	PETERBILT 379	1XP5DB9XX4D818743
0005	2007	REITNOUER TRAILER	1RNF48A297R017010
0006	2007	REITNOUER TRAILER	1RNF48A227R018676
0007	2013	REITNOUER TRAILER	1RNF48A28DR028253
0009	2014	REITNOUER TRAILER	1RNF48A24ER031393
0012	1998	PETERBILT 379	1XP5DB9X3WN445039
0013	2020	PITTS ENTERPRISES TRAILER	5JYLT4022LPP19762
0014	2007	BENSON TRUCK BODIES TRAILER	5DMFABTB67C001304
0015	2005	PETERBILT 379	1XP5DB9X75D854651
0016	2004	PETERBILT 379	1XP5DB9X54D823154
0017	2016	REITNOUER TRAILER	1RNF48A22GR034196
0019	2005	PETERBILT 379	1XP5DB9X05N849852

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0001	\$1,000		\$1,000
0002	\$1,000		\$1,000
0003	\$1,000		\$1,000
0004	\$1,000		\$1,000
0005	\$1,000		\$1,000
0006	\$1,000		\$1,000
0007	\$1,000		\$1,000
0009	\$1,000		\$1,000
0012	\$1,000		\$1,000
0013	\$1,000		\$1,000
0014	\$1,000		\$1,000
0015	\$1,000		\$1,000
0016	\$1,000		\$1,000
0017	\$1,000		\$1,000
0019	\$1,000		\$1,000



Acuity, A Mutual Insurance Company

**COMMERCIAL AUTO
CHANGES**

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Change Effective Date: 06-15-21

PREMIUM SUMMARY

This is not a bill. If premium is due, a billing notice will be sent separately.

Additional Premium Applied to Your Balance\$ [REDACTED]
Direct Billed

CHANGES:

ADDED 2006 REITNOUER TRAILER 1RNF48A246R014000
ADDED SECURITY BANK OF THE OZARKS AS LOSS PAYEE/LIENHOLDER TO 1
VEHICLE



COMMERCIAL AUTO
COVERAGE PART

Acuity Edge Business Auto Amended Declarations

Item One

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 06-15-21
Expiration Date: 09-16-21

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those *autos* shown as covered *autos* by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7, 19	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Estimated Schedule Premium			[REDACTED]

PREMIUM SUMMARY

Estimated Schedule Premium

[REDACTED]

Estimated Endorsement Premium

[REDACTED]

Estimated Advance Premium

[REDACTED]

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CA-0001F(8-19)	Business Auto Coverage Form	
CA-0165F(7-16)	Missouri Changes	
CA-0166R(3-06)	Missouri Changes - Pollution Exclusion	
CA-0219F(1-16)	Missouri Changes - Cancellation and Nonrenewal	
CA-2104F(10-12)	Missouri Uninsured Motorists Coverage	
CA-2151F(10-13)	Split Bodily Injury Underinsured Motorists Coverage Limits	
CA-2156F(4-01)	Missouri Split Uninsured Motorists Coverage Limits	
CA-2345F(11-16)	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion	
CA-2384F(10-13)	Exclusion of Terrorism	
CA-3104F(8-18)	Missouri Underinsured Motorists Coverage	
CA-7015(8-17)	Form F Uniform Motor Carrier Bodily Injury and Property Damage Liability End.	
CA-7016(7-97)	Covered Auto Symbols Endorsement - Truckers	
CA-7027(12-93)	Loss Payable Clause	
CA-7100(8-17)	End. for Motor Carrier Policies of Insurance for Public Liability Form MCS-90	
CA-7210(10-98)	Additional Insured - Designated Person or Organization - Primary	
CA-7213(10-98)	Add'l Insd - Automatic Status When Required in a Written Agreement With You	
CA-7260(11-15)	Truckers' Enhancements	
CA-7274(8-19)	Motor Carrier Endorsement	
CA-9928F(10-13)	Stated Amount Insurance	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(3-14)	Asbestos Exclusion	

Estimated Endorsement Premium

Item Three: SCHEDULE OF COVERAGES AND PREMIUM DETAIL

Unit 0020	2006 REITNOUER TRAILER	Class: 67621
VIN: 1RNF48A246R014000		State: MO Zip: 65588
Coverage	Limits/Deductible	Premium
Liability	\$1,000,000 each accident	
Comprehensive	Stated amount - \$20,000 minus \$1,000 deductible	
Collision	Stated amount - \$20,000 minus \$1,000 deductible	
Total Premium		

POLICY NUMBER: ZD8863

LOSS PAYABLE CLAUSE

CA-7027(12-93)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. We will pay, as interest may appear, you and the loss payee named in the Schedule for *loss* to a covered *auto*.
2. The insurance covers the interest of the loss payee unless the *loss* results from conversion, secretion or embezzlement on your part.

3. CANCELLATION

- a. If we cancel the policy for any reason other than nonpayment of premium, we will mail notice to the loss payee in accordance with the Cancellation Common Policy Condition.
- b. If the policy is cancelled due to nonpayment of premium, we will mail to the loss payee, a copy of the policy lapse notice we send the insured.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. Cancellation ends this agreement.

4. If we make any payment to the loss payee, we will obtain their rights against any other party.

SCHEDULE

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Company Name and Address:

Acuity, A Mutual Insurance Company
2800 South Taylor Drive
PO Box 58
Sheboygan, WI 53082-0058

Loss Payee (Name and Address)

SECURITY BANK OF THE OZARKS
PO BOX 305
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 06-15-21

Expiration Date: 09-16-21

Unit Number	Model Year	Description of Applicable Vehicles	
		Vehicle Description	ID Number
0001	2001	PETERBILT 379	1XP5DB9X61N537321
0002	2004	PETERBILT 379	1XP5DB9X24N826426
0003	2001	PETERBILT 379	1XP5DB9X61D550530
0004	2004	PETERBILT 379	1XP5DB9XX4D818743
0005	2007	REITNOUER TRAILER	1RNF48A297R017010
0006	2007	REITNOUER TRAILER	1RNF48A227R018676
0007	2013	REITNOUER TRAILER	1RNF48A28DR028253
0009	2014	REITNOUER TRAILER	1RNF48A24ER031393
0012	1998	PETERBILT 379	1XP5DB9X3WN445039
0013	2020	PITTS ENTERPRISES TRAILER	5JYLT4022LPP19762
0014	2007	BENSON TRUCK BODIES TRAILER	5DMFABTB67C001304
0015	2005	PETERBILT 379	1XP5DB9X75D854651
0016	2004	PETERBILT 379	1XP5DB9X54D823154
0017	2016	REITNOUER TRAILER	1RNF48A22GR034196
0019	2005	PETERBILT 379	1XP5DB9X05N849852
0020	2006	REITNOUER TRAILER	1RNF48A246R014000

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0001	\$1,000		\$1,000
0002	\$1,000		\$1,000
0003	\$1,000		\$1,000
0004	\$1,000		\$1,000
0005	\$1,000		\$1,000
0006	\$1,000		\$1,000
0007	\$1,000		\$1,000
0009	\$1,000		\$1,000
0012	\$1,000		\$1,000
0013	\$1,000		\$1,000
0014	\$1,000		\$1,000
0015	\$1,000		\$1,000
0016	\$1,000		\$1,000
0017	\$1,000		\$1,000
0019	\$1,000		\$1,000
0020	\$1,000		\$1,000



Acuity, A Mutual Insurance Company

**COMMERCIAL AUTO
CHANGES**

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Change Effective Date: 06-02-21

PREMIUM SUMMARY

This is not a bill. If premium is due, a billing notice will be sent separately.

Return Premium Applied to Your Balance \$ [REDACTED]
Direct Billed

CHANGES:

DELETED 2004 PETERBILT 379 1XP5DB9X54D823154



COMMERCIAL AUTO
COVERAGE PART

Acuity Edge Business Auto Amended Declarations

Item One

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 06-02-21
Expiration Date: 09-16-21

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those *autos* shown as covered *autos* by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7, 19	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Estimated Schedule Premium			[REDACTED]

PREMIUM SUMMARY

Estimated Schedule Premium

[REDACTED]

Estimated Endorsement Premium

[REDACTED]

Estimated Advance Premium

[REDACTED]

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CA-0001F(8-19)	Business Auto Coverage Form	
CA-0165F(7-16)	Missouri Changes	
CA-0166R(3-06)	Missouri Changes - Pollution Exclusion	
CA-0219F(1-16)	Missouri Changes - Cancellation and Nonrenewal	
CA-2104F(10-12)	Missouri Uninsured Motorists Coverage	
CA-2151F(10-13)	Split Bodily Injury Underinsured Motorists Coverage Limits	
CA-2156F(4-01)	Missouri Split Uninsured Motorists Coverage Limits	
CA-2345F(11-16)	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion	
CA-2384F(10-13)	Exclusion of Terrorism	
CA-3104F(8-18)	Missouri Underinsured Motorists Coverage	
CA-7015(8-17)	Form F Uniform Motor Carrier Bodily Injury and Property Damage Liability End.	
CA-7016(7-97)	Covered Auto Symbols Endorsement - Truckers	
CA-7027(12-93)	Loss Payable Clause	
CA-7100(8-17)	End. for Motor Carrier Policies of Insurance for Public Liability Form MCS-90	
CA-7210(10-98)	Additional Insured - Designated Person or Organization - Primary	
CA-7213(10-98)	Add'l Insd - Automatic Status When Required in a Written Agreement With You	
CA-7260(11-15)	Truckers' Enhancements	[REDACTED]
CA-7274(8-19)	Motor Carrier Endorsement	
CA-9928F(10-13)	Stated Amount Insurance	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(3-14)	Asbestos Exclusion	
Estimated Endorsement Premium		[REDACTED]

POLICY NUMBER: ZD8863

LOSS PAYABLE CLAUSE

CA-7027(12-93)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. We will pay, as interest may appear, you and the loss payee named in the Schedule for *loss* to a covered *auto*.
2. The insurance covers the interest of the loss payee unless the *loss* results from conversion, secretion or embezzlement on your part.

3. CANCELLATION

- a. If we cancel the policy for any reason other than nonpayment of premium, we will mail notice to the loss payee in accordance with the Cancellation Common Policy Condition.
- b. If the policy is cancelled due to nonpayment of premium, we will mail to the loss payee, a copy of the policy lapse notice we send the insured.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. Cancellation ends this agreement.

4. If we make any payment to the loss payee, we will obtain their rights against any other party.

SCHEDULE

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Company Name and Address:

Acuity, A Mutual Insurance Company
2800 South Taylor Drive
PO Box 58
Sheboygan, WI 53082-0058

Loss Payee (Name and Address)

SECURITY BANK OF THE OZARKS
PO BOX 305
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 06-02-21

Expiration Date: 09-16-21

Unit Number	Model Year	Description of Applicable Vehicles	
		Vehicle Description	ID Number
0001	2001	PETERBILT 379	1XP5DB9X61N537321
0002	2004	PETERBILT 379	1XP5DB9X24N826426
0003	2001	PETERBILT 379	1XP5DB9X61D550530
0004	2004	PETERBILT 379	1XP5DB9XX4D818743
0005	2007	REITNOUER TRAILER	1RNF48A297R017010
0006	2007	REITNOUER TRAILER	1RNF48A227R018676
0007	2013	REITNOUER TRAILER	1RNF48A28DR028253
0009	2014	REITNOUER TRAILER	1RNF48A24ER031393
0012	1998	PETERBILT 379	1XP5DB9X3WN445039
0013	2020	PITTS ENTERPRISES TRAILER	5JYLT4022LPP19762
0014	2007	BENSON TRUCK BODIES TRAILER	5DMFABTB67C001304
0015	2005	PETERBILT 379	1XP5DB9X75D854651
0017	2016	REITNOUER TRAILER	1RNF48A22GR034196
0019	2005	PETERBILT 379	1XP5DB9X05N849852
0020	2006	REITNOUER TRAILER	1RNF48A246R014000

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0001	\$1,000		\$1,000
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0003	\$1,000		\$1,000
0004	\$1,000		\$1,000
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0006	\$1,000		\$1,000
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0009	\$1,000		\$1,000
0012	\$1,000		\$1,000
0013	\$1,000		\$1,000
0014	\$1,000		\$1,000
0015	\$1,000		\$1,000
0017	\$1,000		\$1,000
0019	\$1,000		\$1,000
0020	\$1,000		\$1,000



Acuity, A Mutual Insurance Company

**COMMERCIAL AUTO
CHANGES**

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Change Effective Date: 06-05-21

PREMIUM SUMMARY

This is not a bill. If premium is due, a billing notice will be sent separately.

Return Premium Applied to Your Balance\$ [REDACTED]
Direct Billed

CHANGES:

DELETED 2001 PETERBILT 379 1XP5DB9X61N537321



COMMERCIAL AUTO
COVERAGE PART

Acuity Edge Business Auto Amended Declarations

Item One

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 06-05-21
Expiration Date: 09-16-21

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those *autos* shown as covered *autos* by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7, 19	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]

Estimated Schedule Premium

[REDACTED]

PREMIUM SUMMARY

Estimated Schedule Premium

[REDACTED]

Estimated Endorsement Premium

[REDACTED]

Estimated Advance Premium

[REDACTED]

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CA-0001F(8-19)	Business Auto Coverage Form	
CA-0165F(7-16)	Missouri Changes	
CA-0166R(3-06)	Missouri Changes - Pollution Exclusion	
CA-0219F(1-16)	Missouri Changes - Cancellation and Nonrenewal	
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CA-2151F(10-13)	Split Bodily Injury Underinsured Motorists Coverage Limits	
CA-2156F(4-01)	Missouri Split Uninsured Motorists Coverage Limits	
CA-2345F(11-16)	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion	
CA-2384F(10-13)	Exclusion of Terrorism	
CA-3104F(8-18)	Missouri Underinsured Motorists Coverage	
CA-7015(8-17)	Form F Uniform Motor Carrier Bodily Injury and Property Damage Liability End.	
CA-7016(7-97)	Covered Auto Symbols Endorsement - Truckers	
CA-7027(12-93)	Loss Payable Clause	
CA-7100(8-17)	End. for Motor Carrier Policies of Insurance for Public Liability Form MCS-90	
CA-7210(10-98)	Additional Insured - Designated Person or Organization - Primary	
CA-7213(10-98)	Add'l Insd - Automatic Status When Required in a Written Agreement With You	
CA-7260(11-15)	Truckers' Enhancements	[REDACTED]
CA-7274(8-19)	Motor Carrier Endorsement	
CA-9928F(10-13)	Stated Amount Insurance	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(3-14)	Asbestos Exclusion	

Estimated Endorsement Premium [REDACTED]

POLICY NUMBER: ZD8863

LOSS PAYABLE CLAUSE

CA-7027(12-93)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. We will pay, as interest may appear, you and the loss payee named in the Schedule for *loss* to a covered *auto*.
2. The insurance covers the interest of the loss payee unless the *loss* results from conversion, secretion or embezzlement on your part.

3. CANCELLATION

- a. If we cancel the policy for any reason other than nonpayment of premium, we will mail notice to the loss payee in accordance with the Cancellation Common Policy Condition.
- b. If the policy is cancelled due to nonpayment of premium, we will mail to the loss payee, a copy of the policy lapse notice we send the insured.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. Cancellation ends this agreement.

4. If we make any payment to the loss payee, we will obtain their rights against any other party.

SCHEDULE

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Company Name and Address:

Acuity, A Mutual Insurance Company
2800 South Taylor Drive
PO Box 58
Sheboygan, WI 53082-0058

Loss Payee (Name and Address)

SECURITY BANK OF THE OZARKS
PO BOX 305
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 06-05-21

Expiration Date: 09-16-21

Unit Number	Model Year	Description of Applicable Vehicles	
		Vehicle Description	ID Number
0002	2004	PETERBILT 379	1XP5DB9X24N826426
0003	2001	PETERBILT 379	1XP5DB9X61D550530
0004	2004	PETERBILT 379	1XP5DB9XX4D818743
0005	2007	REITNOUER TRAILER	1RNF48A297R017010
0006	2007	REITNOUER TRAILER	1RNF48A227R018676
0007	2013	REITNOUER TRAILER	1RNF48A28DR028253
0009	2014	REITNOUER TRAILER	1RNF48A24ER031393
0012	1998	PETERBILT 379	1XP5DB9X3WN445039
0013	2020	PITTS ENTERPRISES TRAILER	5JYLT4022LPP19762
0014	2007	BENSON TRUCK BODIES TRAILER	5DMFABTB67C001304
0015	2005	PETERBILT 379	1XP5DB9X75D854651
0017	2016	REITNOUER TRAILER	1RNF48A22GR034196
0019	2005	PETERBILT 379	1XP5DB9X05N849852
0020	2006	REITNOUER TRAILER	1RNF48A246R014000

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0002	\$1,000		\$1,000
0003	\$1,000		\$1,000
0004	\$1,000		\$1,000
0005	\$1,000		\$1,000
0006	\$1,000		\$1,000
0007	\$1,000		\$1,000
0009	\$1,000		\$1,000
0012	\$1,000		\$1,000
0013	\$1,000		\$1,000
0014	\$1,000		\$1,000
0015	\$1,000		\$1,000
0017	\$1,000		\$1,000
0019	\$1,000		\$1,000
0020	\$1,000		\$1,000



Acuity, A Mutual Insurance Company

**COMMERCIAL AUTO
CHANGES**

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Change Effective Date: 08-05-21

PREMIUM SUMMARY

This is not a bill. If premium is due, a billing notice will be sent separately.

Return Premium\$ [REDACTED]
Direct Billed

CHANGES:

DELETED 2020 PITTS ENTERPRISES TRAILER 5JYLT4022LPP19762

DELETED 2007 BENSON TRUCK BODIES TRAILER 5DMFABTB67C001304



COMMERCIAL AUTO
COVERAGE PART

Acuity Edge Business Auto Amended Declarations

Item One

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 08-05-21
Expiration Date: 09-16-21

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those *autos* shown as covered *autos* by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7, 19	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Estimated Schedule Premium			[REDACTED]

PREMIUM SUMMARY

Estimated Schedule Premium

[REDACTED]

Estimated Endorsement Premium

[REDACTED]

Estimated Advance Premium

[REDACTED]

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CA-0001F(8-19)	Business Auto Coverage Form	
CA-0165F(7-16)	Missouri Changes	
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CA-7100(8-17)	End. for Motor Carrier Policies of Insurance for Public Liability Form MCS-90	
CA-7210(10-98)	Additional Insured - Designated Person or Organization - Primary	
CA-7213(10-98)	Add'l Insd - Automatic Status When Required in a Written Agreement With You	
CA-7260(11-15)	Truckers' Enhancements	[REDACTED]
CA-7274(8-19)	Motor Carrier Endorsement	
CA-9928F(10-13)	Stated Amount Insurance	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(3-14)	Asbestos Exclusion	

Estimated Endorsement Premium [REDACTED]

POLICY NUMBER: ZD8863

LOSS PAYABLE CLAUSE

CA-7027(12-93)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. We will pay, as interest may appear, you and the loss payee named in the Schedule for *loss* to a covered *auto*.
2. The insurance covers the interest of the loss payee unless the *loss* results from conversion, secretion or embezzlement on your part.

3. CANCELLATION

- a. If we cancel the policy for any reason other than nonpayment of premium, we will mail notice to the loss payee in accordance with the Cancellation Common Policy Condition.
- b. If the policy is cancelled due to nonpayment of premium, we will mail to the loss payee, a copy of the policy lapse notice we send the insured.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. Cancellation ends this agreement.

4. If we make any payment to the loss payee, we will obtain their rights against any other party.

SCHEDULE

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Company Name and Address:

Acuity, A Mutual Insurance Company
2800 South Taylor Drive
PO Box 58
Sheboygan, WI 53082-0058

Loss Payee (Name and Address)

SECURITY BANK OF THE OZARKS
PO BOX 305
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 08-05-21

Expiration Date: 09-16-21

Unit Number	Model Year	Description of Applicable Vehicles	
		Vehicle Description	ID Number
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0003	2001	PETERBILT 379	1XP5DB9X61D550530
0004	2004	PETERBILT 379	1XP5DB9XX4D818743
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Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0002	\$1,000		\$1,000
0003	\$1,000		\$1,000

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
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0005	\$1,000		\$1,000
0006	\$1,000		\$1,000
0007	\$1,000		\$1,000
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0012	\$1,000		\$1,000
0015	\$1,000		\$1,000
0017	\$1,000		\$1,000
0019	\$1,000		\$1,000
0020	\$1,000		\$1,000



Acuity, A Mutual Insurance Company

**COMMERCIAL AUTO
CHANGES**

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Change Effective Date: 08-10-21

PREMIUM SUMMARY

This is not a bill. If premium is due, a billing notice will be sent separately.

Additional Premium Applied to Your Balance \$ [REDACTED]
Direct Billed

CHANGES:

ADDED 2004 PETERBILT 379 1XP5DB9X54D823154

ADDED SECURITY BANK OF THE OZARKS AS LOSS PAYEE/LIENHOLDER TO 1
VEHICLE



COMMERCIAL AUTO
COVERAGE PART

Acuity Edge Business Auto Amended Declarations

Item One

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 08-10-21
Expiration Date: 09-16-21

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those *autos* shown as covered *autos* by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7, 19	\$1,000,000 each accident	[REDACTED]
Uninsured Motorists Bodily Injury	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Underinsured Motorists	7	\$50,000 each person \$50,000 each accident	[REDACTED]
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item(s) Three for each covered auto	[REDACTED]
Estimated Schedule Premium			[REDACTED]

PREMIUM SUMMARY

Estimated Schedule Premium

[REDACTED]

Estimated Endorsement Premium

[REDACTED]

Estimated Advance Premium

[REDACTED]

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CA-0001F(8-19)	Business Auto Coverage Form	
CA-0165F(7-16)	Missouri Changes	
CA-0166R(3-06)	Missouri Changes - Pollution Exclusion	
CA-0219F(1-16)	Missouri Changes - Cancellation and Nonrenewal	
CA-2104F(10-12)	Missouri Uninsured Motorists Coverage	
CA-2151F(10-13)	Split Bodily Injury Underinsured Motorists Coverage Limits	
CA-2156F(4-01)	Missouri Split Uninsured Motorists Coverage Limits	
CA-2345F(11-16)	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion	
CA-2384F(10-13)	Exclusion of Terrorism	
CA-3104F(8-18)	Missouri Underinsured Motorists Coverage	
CA-7015(8-17)	Form F Uniform Motor Carrier Bodily Injury and Property Damage Liability End.	
CA-7016(7-97)	Covered Auto Symbols Endorsement - Truckers	
CA-7027(12-93)	Loss Payable Clause	
CA-7100(8-17)	End. for Motor Carrier Policies of Insurance for Public Liability Form MCS-90	
CA-7210(10-98)	Additional Insured - Designated Person or Organization - Primary	
CA-7213(10-98)	Add'l Insd - Automatic Status When Required in a Written Agreement With You	
CA-7260(11-15)	Truckers' Enhancements	[REDACTED]
CA-7274(8-19)	Motor Carrier Endorsement	
CA-9928F(10-13)	Stated Amount Insurance	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(3-14)	Asbestos Exclusion	

Estimated Endorsement Premium [REDACTED]

Item Three: SCHEDULE OF COVERAGES AND PREMIUM DETAIL

Unit 0021 2004 PETERBILT 379	Class: 50621
VIN: 1XP5DB9X54D823154	State: MO Zip: 65588
Coverage	Limits/Deductible
Liability	\$1,000,000 each accident
Uninsured Motorists Bodily Injury	\$50,000 each person \$50,000 each accident
Underinsured Motorists	\$50,000 each person \$50,000 each accident
Comprehensive	Stated amount - \$40,000 minus \$1,000 deductible
Collision	Stated amount - \$40,000 minus \$1,000 deductible
Total Premium	

POLICY NUMBER: ZD8863

LOSS PAYABLE CLAUSE

CA-7027(12-93)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. We will pay, as interest may appear, you and the loss payee named in the Schedule for *loss* to a covered *auto*.
2. The insurance covers the interest of the loss payee unless the *loss* results from conversion, secretion or embezzlement on your part.

3. CANCELLATION

- a. If we cancel the policy for any reason other than nonpayment of premium, we will mail notice to the loss payee in accordance with the Cancellation Common Policy Condition.
- b. If the policy is cancelled due to nonpayment of premium, we will mail to the loss payee, a copy of the policy lapse notice we send the insured.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. Cancellation ends this agreement.

4. If we make any payment to the loss payee, we will obtain their rights against any other party.

SCHEDULE

First Named Insured and Address:

JVANWINKLE TRUCKING LLC
9713 COUNTY ROAD 443
WINONA MO 65588

Loss Payee (Name and Address)

SECURITY BANK OF THE OZARKS
PO BOX 305
WINONA MO 65588

Company Name and Address:

Acuity, A Mutual Insurance Company
2800 South Taylor Drive
PO Box 58
Sheboygan, WI 53082-0058

Agency Name and Number:

PJC INSURANCE AGENCY
9045-AC

Policy Number: ZD8863

Policy Period: Effective Date: 08-10-21

Expiration Date: 09-16-21

Unit Number	Model Year	Description of Applicable Vehicles	
		Vehicle Description	ID Number
0002	2004	PETERBILT 379	1XP5DB9X24N826426
0003	2001	PETERBILT 379	1XP5DB9X61D550530
0004	2004	PETERBILT 379	1XP5DB9XX4D818743
0005	2007	REITNOUER TRAILER	1RNF48A297R017010
0006	2007	REITNOUER TRAILER	1RNF48A227R018676
0007	2013	REITNOUER TRAILER	1RNF48A28DR028253
0009	2014	REITNOUER TRAILER	1RNF48A24ER031393
0012	1998	PETERBILT 379	1XP5DB9X3WN445039
0015	2005	PETERBILT 379	1XP5DB9X75D854651
0017	2016	REITNOUER TRAILER	1RNF48A22GR034196
0019	2005	PETERBILT 379	1XP5DB9X05N849852
0020	2006	REITNOUER TRAILER	1RNF48A246R014000
0021	2004	PETERBILT 379	1XP5DB9X54D823154

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0002	\$1,000		\$1,000

Unit Number	Physical Damage Deductibles		
	Comprehensive	Specified Causes of Loss	Collision
0003	\$1,000		\$1,000
0004	\$1,000		\$1,000
0005	\$1,000		\$1,000
0006	\$1,000		\$1,000
0007	\$1,000		\$1,000
0009	\$1,000		\$1,000
0012	\$1,000		\$1,000
0015	\$1,000		\$1,000
0017	\$1,000		\$1,000
0019	\$1,000		\$1,000
0020	\$1,000		\$1,000
0021	\$1,000		\$1,000